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ORIGINAL COMMUNICATIONS.

Colony Treatment of the Insane and and Other Defectives.

The subject of this paper might be called "Employment as a means of treating and caring for the insane and other defectives," the colony being the means of finding agreeable and profitable work for the inmates.

To many of you a description of what is meant by the "colony treatment" is needed to fully understand the subect.

As the expression is used in this paper, and as it is generally understood, it means the erection of buildings some distance from the central hospital plant and placing farm working patients there, to be under the control and management of the hospital officers.

Without discussing the origin of the idea, and with no reference to Gheal, it it sufficient to say it was begun in Germany in the sixties, and that it has slowly found its way into other countries.

Such a colony was established in connection with the Morganton Hospital three years ago, or rather it was ready for occupancy about that time. It took several years of talk to get the idea adopted, and as many more to get the colony built. The plan of conducting it by the hospital authorities was largely experimental, and was made to suit the people of Western North Carolina, but it is, after all, a modification of the original German conception.

The first building was for 30 men with rooms for a man and his family, the man to have general supervision of the place and the wife to cook and do

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FIRST BUILDING AT THE COLONY

the general household work. Afterwards a small cottage was built for the manager and his family, and his rooms were used for patients and later still another building was erected so that now 75 patients can be accommodated. It would have been much better to have limited the rooms to 30 as first intended. No single colony plant for the insane should much exceed that number. As many colonists as are needed may be had if land is sufficient, the number depending on the size of the hospital, as only a certain proportion of patients, about 25 per cent., can thus be cared for, or at the outside 40 per cent.

The colony buildings, outhouses and surroundings at the Morganton colony were made as near as possible like the farm houses in this section of the State. This was done to give it a home-like appearance and the management has been such as to make each of the patient feel at home; they are free to sit on the porches and the lawn in the summer, in the sitting room before open fires in the winter. They smoke, have games, read or do what pleases them during these hours of recreation. They have their own garden, orchard, vineyard, berry patches, poultry, pigs and cows, which they attend to. Every effort is to make each one feel that these things are his own, he can gather berries, pull the fruit when he wants it or as he pleases. Every one is expected to do something if no more than pick up chips for the cook.

Early Experiments.

The first party of patients sent to the colony, about 15, were quiet, industrious men who were expected to be the

Joseph Ruzicka
Baltimore, Md. - Greensboro, N. C.

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Early Experiments.

The first party of patients sent to the colony, about 15, were quiet, industrious men who were expected to be the

nucleus of the organization. After these became accustomed to their new surroundings, others who were quiet and who had some remnant of mind left, but who did little or no work were tried. These readily dropped into the ways of those who preceded them and who set the pace. Further experiment was made by sending those who seemed incurably demented, incapable by reason of their weakened minds of doing any kind of work. Most of the last mentioned had been residents of the hospital for years and years in whom the last vestige of hope for any improvement had long vanished. Strange as it may seem to you, as it did to us, acquainted with these men and their disease, they immediately went to work and are today profitably employed. They have gained in health and self-confidence, they are happier because they feel there is yet something in life for them.

It may occur to some to ask why these men had not been sent out to work before and given an opportunity. It has been the invariable custom since the hospital opened to try to induce every one to engage in some kind of employment and it had been tried repeatedly with these very men with complete failure. To conjecture why they were willing to work in one place and not in another might be profitless, it is sufficient to know it is true.

After the work was well under way, it was strange to see the development of the different fancies of the different men. Each one was allowed, so far as possible, to follow his own inclination and to select his own work. One fancied painting and whitewashing and

THE COLONY BUILDINGS

PATIENTS WORKING RASPBERRIES

building fires under the heating apparatus. He studied economy in the use of fuel as much as the average head of a family and is as intelligent in his work as could be expected of any ordinary man. Another patient has become greatly interested in poultry and shows more than ordinary intelligence in following his bent. He reads journals on poultry, and not only builds coops, box nests, etc., but has actually invented several useful contrivances. Another hauls wood to the kitchen in a little wagon he made himself, and so on almost indefinitely.

A brief report of two cases will partly illustrate what has been done. The following is quoted from a report to the Board last December and is the case of a boy who at 13 years of age came to the hospital in June, 1895. He had a form of insanity (Dementia praecox) which rarely improves; indeed, its course is generally to deterioriate. This boy was no exception to the rule and he grew worse and worse until hope for any improvement had been given up. Three months ago he was sent to the colony, but it was considered a desperate chance. To the astonishment of everyone he immediately began to improve, and this has steadily gone on until to-day he is a strong, vigorous young fellow of 23, full of hope and energy, whereas when he went there he was dull, indifferent and listless; he never inquired of his home or home people and seemed to care for nothing. Recently he has written home telling of his marvelous improvement and of joy in life. "He testified as one risen from the dead," aften ten years of mental

darkness. It is not certain that the improvement will continue; in fact, it is not expected, but even if he improves no more, great good has been accomplished in relieving this young fellow of such suffering as we shudder to think of. Six months after this report was written this young man has gained but little and it is probable he is as well as he will ever be. He enjoys life as much as the average man, taking part and interest in baseball and other amusements we are able to furnish our people. The second case is of a man who was committed to the hospital in November, 1898, this being his second admission. He complained of great discomfort in his head which he described as being unbearable, so much so, that he begged to be killed. His appetite was poor, he was anaemic and greatly run down in health and evidently was a great sufferer. Every effort to relieve him failed. We were sure if he could be induced to exercise he would improve, but nothing we could do would cause him to take the slightest interest in anything. He was finally forced to go out with the working party, but he would lie on the ground complaining of his head. He was a few months ago sent to the colony along with nine other men almost as bad as he. To the amazement of us all, the man went to work, his health improved, the pain and discomfort disappeared and his face is ruddy and he gives every evidence of health and vigor. He works cheerfully, seems perfectly satisfied, never complaining of any bad feeling and is as comfortable as he can be. These two cases are only two of many as unpromising who have

GENERAL VIEW OF COLONY.

SNAP-SHOT—COLONY PATIENTS CULTIVATING STRAWBERRIES.

been greatly relieved and some few cured by the colony treatment.

All this seems so simple and is so obviously the right course that we wonder why it had not long ago been tried.

Two ideas are prominent in this system, the first to find agreeable, healthful employment for the patients and to give them a home.

Show Appreciation.

This working class, while too defective to take up the burden of life, are yet appreciative of their surroundings and of most things that make life happy to the people in the outside world. They require the minimum amount of care and discipline and with this given they conduct themselves as well, indeed, better, than the same number of sane men. Some under this treatment recover that otherwise would not, but the majority must remain, this being their refuge and their home. How much need therefore that every effort should be put forth to make it pleasant to these afflicted men.

In general hospitals and institutions for children in reformatories we have a different class to deal with. A large number under one roof is not so objectionable, but these cases of chronic insanity are not children in whom the desire for a home is small, nor are they malefactors in prison for punishment.

You will pardon a little digression which after all leads to this subject from another and a practical standpoint.

In North Carolina there are not less than 4,000 white insane; of this number 1,500 are in two hospitals, leaving 2,500 uncared for by the State. To properly house all these people means the expenditure of a million dollars, and the annual cost of maintaining them will be $500,000. It is well then to consider carefully how this burden on the tax-

payers may be lightened. Without discussing the question of the increase of insanity, there can be no doubt that there is an increased demand to have these persons cared for and properly so. All insane persons are dangerous in some degree to their neighbors, more so to themeselves. Insanity is the cause of many suicides, while sexual crimes, arson, assault, impostures , are often committed by those mentally deranged.

Too often families are ruined by some insane member, the bread winner having to devote his whole time to the control of wife or child, or a crime is committed and every energy and the savings of a lifetime must be devoted to the cost of courts. Whole communities are frequently terrorized by an insane person and the lives of the women and children made miserable.

Only a few recover at once or die, they live on for years not only imbecile and helpless themselves, but a burden on the family and community, a severe drain which must tend to weaken the general welfare of the State.

There are sufficient reasons for you as physicians, men of standing in your respective communities, not only to make yourselves familiar with the disease in order that you may prescribe intelligently for those suffering from it, but to use your influence, which is great, to see that proper provision is made for them by the public.

Much insanity is caused by alcohol and drugs. This touches you more closely, for you are largely responsible for these habits. You may do something by preventing unwise marriages of those whose heredity is not good.

It should be your special province to

RESTING AFTER THE DAY'S WORK.

PATIENT TENDING BRONZE TURKEYS

recognize dangerous symptoms in time and by prompt action prevent suicides and accidents and to send to the hospitals at once these patients who have infinitely more chances to recover when placed under the care of competent alienists.

2,500 WHITE INSANE UNCARED FOR.

The conclusions we reach are that 2,500 white insane people in North Carolina are uncared for, that a great outlay of money will be required to build for this number and after that the never ending expense of maintaining them begins. If it can be demonstrated that the colony system is the best and the cheapest it should by all means be adopted.

There is an end to the willingness and even ability of the taxpayers to provide for the defectives in expensive hospitals and asylums and it is cleary the duty of those who have these matters in hand to use proper economy. What is done by the Legislature will depend on the demand of the people and the wisdom of the Legislators. It will require great deliberation and the wisest action to solve this question.

In North Carolina no more hospitals ought to be built at present, those now in existence to be enlarged if possible.

Unfortunately at Morganton no more land can be purchased and that institution cannot with advantage be greatly increased in size. The last opportunity to buy land there has been allowed to pass. This is to be deplored for the plan there has been so successful that much was hoped for in the judicious extension of these colonies.

Much more might be said on the general subject of caring for the insane, but time forbids. Perhaps at some future time this will be taken up and discussed.

Hospitals for the insane cannot properly care for epileptics or idiots. I use the term idiot in the sense in which it

is defined by the North Carolina statutes "a person born deficient or who became deficient before the completion of the twelfth year of age."

Many of these defectives are capable of doing common labor and can be made very nearly self-sustaining if properly managed in such a colony for the insane as has been described. In many of the States where this is tried, it has been successful. In North Carolina, where we have such good climate and where land can be purchased cheaply, more can be done than in other less fortunate communities. I believe in the cotton and truck section of the State such a colony could be nearly self-sustaining, but leaving that out of the question there can be no doubt it is best for these people to live out-door lives with proper employment. I would like also to enlarge on this feature of my paper, but time will not permit.

I trust, gentlemen, that you will become enough interested in these subjects to give them your hearty support. If you do, then the labors of those of us who are immediately responsible, will be greatly lightened and these afflicted fellow citizens will be a better State.

Since this paper was written my attention was drawn to a statement in a medical jorunal of the number of insane sent to the hospitals in Massachusetts during the year 1904. It bears so closely on what has been said I repeat it and compare it with our State and hospitals. During that year 2,426 insane persons were admitted into the hospitals of Massachusetts, none of whom had ever before been inmates of any hospital for insane. Adding to these the number of re-admissions, which could not have been less than 600, we see 3,000 persons sent yearly to the hospitals of that State. Between 7,000 and 8,000 patients are cared for by the public hospitals.

As compared with North Carolina the population of Massachusetts is twice that of the white people of our State. We should have 1,500 white patients sent to our hospitals every year and we ought to have accommodation for 4,000. As it is, less than 400 are admitted and only 1,500 can be cared for in our hospitals. There is some differences, I believe, in the proportion of insane to the population in the two States, but not that much. Massachusetts gives her insane citizens proper care. North Carolina does not.

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Unjustifiable Negligence in the Diagagnosis of Pulmonary Tuberculosis.

(By Eugene Street, M. D., Glendon, N. C.)

One of the most important duties of the physician to his patient, to his State and to humanity, is the early diognosis of pulmonary tuberculosis, and, strange as it may seem to say so, it is one of the most neglected. And, this negligence is unjustifiable. It is only one step further to go to say that it is criminal. Enthusiasts and imposters have, however, in all the history of medicine brought forth so many false theories, and claimed to have discovered so much that proved to be mistakes, that the body of medical men necessarily have to be the most ultra conservative body of working scientists. For this cause no new discovery can be generally accepted, and put into operation by physicians, unless it be one that is easily demonstrable. So, too, deeply rooted opinions and theories cannot be easily eradicated—and especially is this true when such opinions nad theories are very

nearly in accordance with the truth. Then we will not say yet that it is criminal to fail to make an early diagnosis of pulmonary tuberculosis. But in the light of present knowledge failure to do so is unjustifiable, and it does not require a prophet to see that shortly such negligence will be regarded as criminal.

Before the cause and true nature of tuberculosis was definitely known the physician was excusable for failure to interpret and appreciate the significance and importance of the early manifestations of the disease. Now, when that knowledge is supplied and it is known that the control of the disease and the curability of the case depends upon properly directed treatment instituted in the incipiency—when the tremendous importance of an early diagnosis is known—it is incompatible with reason and justice to relive the physician from the responsibility of negligence to perform a duty so important and so clearly required of him.

Consumption has always been regarded as an incurable malady and physicians have not concerned themselves about what they had a preconceived idea could not be remedied. This is the cause of the general neglect of tuberculosis. And, when it comes to dealing with the advanced case, this idea is about correct. And persistent aatempts to cure advanced consumption has resulted in discouragement to the conscientious physician, and the general belief by the people that tuberculosis is incurable. This is unfortunate but true. The fact that we want both the physician and the laity to recognize is that pulmonary tuberculosis is curable at the beginning.

It is little use to call out the fire department after the house is filled with fire and half burned down, so far as that house is concerned. So, too, it is little use to institute treatment for consumption after the lungs are filled with tubercles and are half destroyed. But if is an easy matter to quench the first little blaze in the building, and a comparatively easy thing to arrest incipient tuberculosis in the lung. It is the watchman's duty to be on the lookout for fire. The physician is the watchman who should be on the lookout for tuberculosis. Neglect of the advanced case of consumption is no more to be thought of than neglect of a burning building in a city. The fire department protects other buildings from the flames, and from the sparks that are scattered far and wide. Proper treatment of the consumptive not only makes life more comfortable while it lasts, but protects others from the myriads of tubercle bacilli that are coughed out and scattered far and wide.

Detailed directions for making a diagnosis of incipient pulmonary tuberculosis cannot be gone into a paper like this. Suffice it to say that it requires a knowledge of the general principles of medicine, anatomy, physiology, pathology and physics and a careful physical examination of the chest and ability to correctly interpret all the findings. One thing I should like to say right here, however, is this: it is impossible to make a satisfactory examination of the lungs unless the chest is bared. I mention this because some young women who were, years ago, patients of mine, are in their graves, probably, because this was neglected. They, very naturally, objected, and I did not insist that the chest be bared. When the diagnosis of pulmonary tuberclosis was

positively made the advanced state of the disease was beyond remedy. Now I insist upon a bared chest in all cases, and I would as soon guess at the color of peas through a thick bag whether white, yellow or blackeyed, as to guess through any clothing whether there was any primary tubercular lesions in the lungs.

Who can tell how far toward absolute control of tuberculosis we should be, if every new case were recognized in its incipiency, and properly treated? It is the advanced case that is a walking pestilence and a menace to friends and community. It is the advanced and not the early case that spreads infection everywhere.

We have discussions without end in regard to the central of tuberculosis. It is possible to do it, but it is a fact that should be clear to all that the only way it will ever be done is by the early diagnosis and proper management of all new cases as the first and most important thing to do, and then, the proper management of all advanced cases. In less than a decade there would be a greatly lessened number of new cases to be dealt with. By the early diagnosis, and the institution of proper treatment there would be a far less number of those cases that would reach the advanced and infectious stage, and as the infection was lessened there would be fewer and fewer new cases, and less and less danger of infection and reinfections, and we should see the beginning of the passing of the great white plague which claims its victims by the hundreds of thousands in our country every year.

Is not this sufficient reason why the medical profession should become aroused and interest itself in a duty so long almost absolutely neglected? Is not this a sufficient reason why the profession should urge all necessary State regulation in regard to tuberculosis? Would it not be in the right direction for our State Society to insist that hereafter every candidate making application for license to practice medicine in this State should be required to satisfactorily demonstrate the ability to diagnose the earliest signs of pulmonary tuberculosis? Would it not be a good thing if some Supreme Court Judges who undertake to define and regulate the practice of medicine, and who know as little about such things as they care about the welfare of the people, would amend some opinions handed down, which allows an army of incompetents and impositors to prey upon the credulity and ignorance of the peole?

It is high time the medical colleges, the text book writers, the medical profession and the people give to the early diagnosis of pulmonary tuberculosis the attention its importance demands.

No physician, regardless of standing or success, can afford to neglect the early diagnosis of tuberculosis; to do so is to abuse the confidence reposed in you and conscience and self-respect are alike outraged.

1—Consumption is an infectious disease.

2—At the commencement of the disease consumption is curable.

3—It is the physician's duty to diagnose consumption while it is curable.

4—The physician who fails to make a diagnosis druing the early stages is guilty of unjustifiable neglect.

5—The medical profession should no longer neglect a subject of such vast

importance as the early diagnosis of pulmonary tuberculosis.

6—The people should be taught the necessity of an early diagnosis of consumption; an early diagnosis means a chance for recovery; a late diagnosis means death.

7—On account of the great prevalence of tuberculosis, and the incalculable importance of an early diagnosis, and the general neglect of the subject of an early diagnosis by the text-book authors, the medical colleges and the medical profession, the State Board of Examiners should require every candidate for license to practice medicine to pass, in addition to all other requirements, a satisfactory examination on the symptoms and evidence of early tuberculous involvement of the lungs.

Some Points in Clinical Psychiatry of Interest to the General Practitioner.

(By Isaac M. Taylor, M. D., Superintendent and Resident Physician Broadoak's Sanitarium, Morganton, North Carolina)

The Family Physician, in whose practice occurs a case of illness accompanied by mental symptoms which develop independently of acute disease or persist after the subsidence of fever, and well into the period of convalescence, has presented to him either direct by the friends of his patient or by his own thought several questions which require for an approximately correct answer the experience and the study of the alienist.

1st—Is the symptom complex in this case such that it should be termed "Insanity"?

Insanity is a term not possible to define, it is more of a legal than a medical term, it is relative and what is dominated insanity by one set of people is not so called by another.

To the alienist any prolonged departure from the normal mental processes not accompanying the acute diseases and independent of the use of intoxicating drugs, is termed insanity.

Under the common law in countries where the development of the law has not recognized the diseased conditions underlying deviations from normal mental states, there must be as a test of the lack of mental integrity an inability to distinguish right from wrong and an inability to control the actions and emotions.

The ordinary layman looks upon mania and dementia, as the only insanities, and classes the equally insane paranoiac as a crank or criminal according as the degree in which his acts are offensive to the community and thinks the melancholiac lacks only action to remove his depression.

Taking a conservative position, we may consider a person insane, who independently of acute disease and drugs, shows a marked degree of mental alienation, a wide departure from normal habits of thought and action, or who has become offsensive to those with whom he has come in contact by reason of his mental state. Symptoms which point to a tendency to violence, homicide or suicide, should especially influence the family physician to a declared diagnosis which is always shocking, and often offensive, to the friends of the patient.

2nd—Has the time arrived for separation from home and treatment in an institution especially devoted to these classes of indiviiduals?

Presented at the Fifty-third Annual Meeting of the Medical Society of the State of North Carolina at Charlotte, N. C., May 19, 1906.

The modern idea of the treatment of all diseases call for the equipment of a hospital, nurses trained for the especial work, construction of buildings adapted to the peculiar needs and physicians in ready call for emergencies. The Psychopathic Hospital is as much needed for the treatment of recent cases of alienation as are the Surgical Hospitals for the treatment of surgical diseases and emergencies, it is true that with care some cases may be carried to a successful ending in the home..

Broadly speaking, cases of melancholia, of dementia praecox of the hebephrenic type and mild cases of maniacal-depressive insanity in the depressed stage may, with sufficient nursing force, remain at home, always remembering that melancholia means a strong tendency to suicide, that the precocious dement is subject without warning to do a violent act and that maniacal depressive insanity may with little notice pass from the depressed stage to the maniacle.

We should be very watchful, too, for unsuspected delusions and tendencies, the perverted sexual instincts, the sudden impulse to burn or do other mischief.

The paranoiac is usually unbearable at home, but may be trusted there until his delusions render him violent or show him to be dangerous. The maniacal should be treated only in a hospital. Without exception all cases of paresis, the general paralysis of the insane, should in the beginning stage of the disease be removed from the environment of home, and all cases where in any form of insanity there is a marked homicidal or suicidal tendency.

The demented states of all forms of insanity can be cared for by those anywhere who have the willingness to take the trouble, the patience to persuade to eat and the skill to feed by force when food is refused.

3rd—Is the mental disease in this case, in the class of those which will recover?

It is impossible for any one, however skilled or experienced, to say which case will recover, it is possible with reasonable certainty to pick out some which will not get well, but these sometimes will deceive us.

It is, however, possible by close analysis to place a case in a class and reason from experience what chance it has for recovery, youth is a favorable factor in the prognosis, a small per cent. of the cases of dementia praecox will recover.

There will be apparent recovery in about half the cases of maniacal-depressive insanity occurring in persons under forty years of age.

Melancholia, usually occurring as it does in elderly persons whose condition is one of degeneration with a marked lowering of vitality and usually associated with organic disease of heart, liver or kidneys and atheroma of arteries, points to an unfavorable prognosis.

Insanity associated with spilepsy, we may regard as chronic, and while between times the patient may be quite well showing no symptoms beyond an impaired mentality, we may be sure of another outbreak.

The paretic will not get well and alcoholic dementia, though running its course to a fatal ending much more slowly, gives no promise of other change than gradual and positive decline in mind and body.

As a rule a case of insanity with distinct auditory hallucinations is to be regarded as chronic. Insanities occur-

ring in markedly hysterical subjects give promise of possible and often astonishing recoveries.

Insanities the result of toxis, septicaemia, auto-infection or the acute diseases may be expected to recover with the removal of the cause. The factor of heredity must be considered in every case and has a very great bearing on the prognosis.

The cases of paranoia are hopeless from the beginning and cases of dementia praecox which have developed paranoiac symptoms, are most unfavorable. We may conclude that a mistake in diagnosis has been made when a case called paranoia gets well.

4th—In the event of recovery may we expect full reocvery or will there be permanent impairment?

The cases of insanity resulting from toxis, auto-intoxication and the acute diseases may result in perfect and complete recovry.

Some cases of dementia praecox may end in recovery so nearly perfect that we can point to no evidence of mental impairment, the maniacal-depressive forms of mental disease furnish the greatest number of apparent recoveries.

The epileptic insanities are followed by a continuance of the recurring epileptic seizures and eventually by a permanent blunting of the mental faculties.

5th—May we expect a return of the mental disease in after years?

The occurrence of mental disease demonstrates a constitutional lack of nervous balance, almost always a search will show hereditary cause and these being present, under similar stress the mind may again give way and insanity develop.

The cases of maniacal-depressive insanity which recover will in many cases in after years again develop the prominent symptoms which we call insanity.

Cases which follow acute diseases, recovery being complete and those cases caused by toxis, give the best promise of permanent recovery.

As civilization advances we find more and more the mental deterioration which the struggle for life brings, the effect of the use of alcohol to excess by forebears, the presence of syphilitic taint from personal infection or as an inheritance is more and more in each succeeding generation as we seek for the etiology of the cases brought to our attention.

In conclusion, there are no diseases to which such careful study must be given before a diagnosis is made, as those of mind, and we may not pronounce any person insane before there is thorough study of the body functions and a complete release from commanding drugs, especially the more potent so-called hypnotics. A diagnosis having been made, there is no greater injustice to the patient and the family of the patient than, from fear of offending, to keep up the hope that the case will go on to recovery while continuing it in the conditions which must be most unfavorable for such a result.

The hospital is not always indicated, but the hospital comes always before continued seclusion, the continued solicitude of injudicious friends and neighbors, and especially before the continued use of sedative and sleep commanding drugs.

On Washing the Hands.

(By Hubert A. Royster, A. B., M. D., Raleigh, N. C.; Professor of Gynecology and Dean of the Faculty, Medical Department University of North Carolina; Genecologist to Rex Hospital; Surgeon-in-Chief to St. Agnes' Hospital; Surgeon to the Southern Railway.

The most vital part of a surgeon's technique is the sterilization of his hands. He may be versed in pathology and diognosis or possessed of the cleverest manual dexterity; he may have the most superb equipment that eleemosenary display, public graft or private vanity can provide; he may disinfect the very atmosphere of his operating room, boil his nurses, or feed his assistants on sterilized milk—but without clean hands it is all of no avail.

Not only to the surgeon, but to the general practitioner as well, it is of great consequence to know how to clean the hands. There is no physician who may not at some time be called upon to "wash up" for an operation. The various minor surgical procedures—and perhaps the so-called major ones, too—will fall to lot of many. Obstetrics, the particular function of the family physician, is distinctly and always a surgical art, and the doctor who has not learned to wash his hands should never be allowed to attend a woman in labor. In every department of the medical practice a working knowledge of hand disinfection is essential.

It cannot be denied, further, that the really important element in the process of sterilizing the hands is the preliminary washing or mechanical cleansing which they should always receive. The infinite variety of chemical agents used as germicides by different operators over the whole world is evidence that none of them is indispensable. Concerning these I shall have nothing to offer. Combinations and suquences of them have been suggested from time to time as methods of hand-disinfection and, in some instances, their significence has been exaggerated. My own opinion is that, if I had to choose between the two, I should omit the chemical solutions rather than do without the brush, soap and hot water. So much attention has been centered upon the order of dipping the hands in this or that solution that the question of washing the hands is repeatedly slighted or ignored. There seems to be more concern to kill than to first remove the microbes.

With no intention of belittling the merit of the ordinary solution for the hands, the present purpose is to point out the value of proper methods in washing the hands and to recommend a plan which has been found reliable. It it taken for granted that most surgeons, who operate frequently, are using rubber gloves—in clean cases to protect the patient; in dirty cases to protect themselves. We are certainly doing cleaner surgery with gloves. But under some circumstances, they cannot or will not, be worn and, gloves or no gloves, it is first necessary to render the hands as sterile as possible. It is freely admitted that there is no known process in every instance by which the hands can be made bacteria-proof.

There is apparently no good reason why we should not observe order and system in hand-washing as we do in using the solution or in performing the operation. Haphazard ways in this feature of the technique are apt to be as dangerous as in the other details. And it is not altogether a question of the amount of time over it, either. One

who is experienced and who practices a definite plan may wash the hands very clean in a short time, while the bungler or novice may take twice as long and never get them clean.

The usual ideas in vogue for washing the rands previous to operations are to scrub them for five to ten minutes in hot water with brush and some form of soap. With no more specific directions than these, operators are content to go on with their work and students are sent out every year from medical schools. Who has not seen the most eminent surgeon stand in the amphitheatre and scrub the palms of his hands for fifteen minues, splashing right and left, and never touch his nails or knuckle-creases with the brush? If it is worth doing at all, it is worth doing right. More particular rules are needed—and not alone for beginners—as to the time spent, the kind of brush or other implement for scrubbing, the order of using them, and the varieties of soap. Above all the system of going over the hands, region after region, should be emphasized.

It has already been intimated that times cuts very little figure, provided a certain program is carried out. Five minutes may be sufficient to the practiced surgeon. More than this will be needed by the infrequent operator. One should think not so much of the minutes as the realization, from experience, that he is actually cleaning his hands, in every nook and cranny, by an intelligent and well-directed attack on the dirt, whose presence he is honestly aware of. The "aseptic conscience" belongs here.

In order to detail the other points at issue, it will be well to outline the plan to be proposed. The following technique has been in use about two years and gives satisfaction: Before the surgeon goes into the operating room, while he is still in his dressing room or elsewhere, he washes his hands twice over with hot water and any good soap. They are then "socially" clean. As soon as he goes into the sterilizing or operating room he begins by washing the hands once (without the brush) with some form of sand-soap, like hand sapolio, or even the ordinary sapolio. This removes the outer layer of dirt and epithelial scales. It is continued with the aid of an ordinary wash-cloth made of toweling—not gauze as employed by some. Very little water is used in this procedure, but the cloth is wet, the sapolio rubbed on freely and the skin gone over thoroughly and vigorously. The order is to begin first with the arm at the elbow (the cleanest part) and to come down, going around and around; next the wrist, along the fold; next the back of the hand; then each finger is taken separately and, using more and more of the sapolio, a rotary scrubbing motion is made, after the fashion of polishing a brass rod. This cleanses the fingers as no other plan can do, going completely around, as it is impossible to accomplish with the brush. It is astonishing how much dirt may be removed from the hands in this way. When the fingers are finished the webs between them are attacked, and finally the ulnar surface of the hand is especially attended to. This process is done twice for both hands. They are now more than "socially", but not quite "surgically", clean.

The wash-cloth is here discarded and the hands rinsed. Sterilized tincture of green soap is now applied all over the hands and arms and they are washed

simply with water. A sterile brush is taken up with more green soap and a careful scrubbing under water in a deep basin is done after the same order as with the sapolio and wash-cloth. Particular regard is paid to the nails and depressions around them, for only the brush can attend to these parts. Three times over is the allotted number for each hand and arm—more, if needed, depending on the care taken.

It will be noticed that when the sapolio period was finished the hands were exceedingly clean before they touched soap or brush, and, therefore, practically no contamination occurs. After the brush-scrub, the hands are all but surgically clean and, when they have been dried on a sterile towel, they are ready to go into alcohol, or what ever solution may be used to perfect the final disinfection.

The advantages of this method can be plainly seen. The simplicity of detail, the systematic steps, the reasons for each rule laid down are all apparent. The points for especial observation are: first, the progressive degrees which lead up to very clean hands before the brush is used and to their being practically sterile before before they are ever put into a solution; second, the employment of sand-soap and wash-cloth for removing the gross surface dirt; third, the scrubbing by a brush, not, as is customary, without design, but according to a definite plan, which, done over and over again, soon becomes automatic.

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ABSTRACTS.

The Rational of the Use of Iron in the Treatment of Phthisis.

It a singular, yet significant, fact that, with the exception of a single disease, there is always a slight diversity of opinion among physicians as to which one of a number of agents exercises the greatest curative influence upon a given disorder.

The one exception is phthisis. The entire profession is united in the conviction that pure air, more than any other one factor, exerts a controlling influence upon the development of phthisical manifestations. Indeed, physicians concur in the opinion that, with the proper quality and quantity of atmosphere, this most widespread and fatal of all human maladies can oftentimes be cured.

While the beneficial influences of climate upon phthisical individuals has long been recognized by the profession, a perfect understanding of the exact manner in which atmosphere arrests the progress of the disease is a comparatively recent acquisition.

The opinion at one time obtained that mountainous and elevted districts were beneficial to phythisical subjects on account of the elevation alone. Recent investigations have disprovad this theory. It is now an accepted fact that elevation, per se, is of little or no importance. On the contrary, the seashore is oftimes better adapted to phthiscal individuals than regions of a much higher altitude.

While it is true that the higher the altitude, the less prevalent is phthisis, the explanation is that atmospheric impurities are less abundant and ozone is more plenteous in such regions than elsewhere. In other words, it is con-

ceded that the absence of atmospheric impurities and the presence of ozone are the chief elements in the cure of phthisis, and that any section, high or low, which affords these elements is advantageous to the phthisical individual.

The benefit derived by consumptives from living in or near pine forests, is a matter of common observation. The turpentine exhaled from pine trees converts oxygen into ozone, and the atmosphere is thus purified by the process of oxidation.

Having repeatedy proved that the direct inhalation of ozone is of little, if any, benefit, we are forced to the conclusion that it is not ozone which arrests the progress of phthisis, but the systemic oxidation which is brought to the maximum by the inhalation of a perfectly pure atmosphere.

In fine, we are now agreed that if systemic oxidation can, in any manner, be maintained at the proper standard of activity without exhausting the vital forces of the subject, the progress of phthisis can be checked, and very frequently completely cured.

Although the benefits derivable by phthisical individuals from an atmosphere that is conducive to a full measure of systemic oxidation are immeasurably great, the fact remains that it is not always within the power of the physician to induce the patient to move to a region affording such an atmosphere. The patient may, through inability to pursue his vocation, be financially unable to make a change of residence, or he may be influenced by the optimism peculiar to phthisical subjects, to postpone the change until the disease has progressed too far.

When, for any reason whatever, it is not possible to change the abode of these subjects, it it within the power of the physician to check the progress of the disease by the augmentation of systemic oxidation.

While all forms of iron increase systemic oxidation by converting the oxygen in the economy into ozone, the mucous surface of the ailmentary tract of phthisical subjects is usually too enfeebled to absorb iron unless it is presented in the organo-plastic form. For this reason, Pepto-Mangan (Gude) affords results which cannot possibly be secured from any other preparation of iron.

In addition to promoting oxidation to a surprising degree, Pepto-Mangan (Gude) invigorates the digestive functions and increases the nutritive processes most markedly. The appetite of the patient is improved, the wasting is arrested, and the vital resources are greatly enlarged by the continued employment of the preparatio.n

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The Bloodless Method of Operation.

Int. Jour. Surgery.

Darborn discusses his method of cording the extremities during operations on the trunk and neck to prevent loss of blood and to lessen shock. A towel folded lengthwise until narrow is wrapped about each thigh as close to the trunk as practicable, and upon this is fastened the short piece of rubber tubing commonly used. The degree of tightness of the tubing is readily learned by a little experience, the blood being accumulated in the limbs until these are visibly swollen and dusky. Some blood should enter the limb and some escape all during the operation. If the pulse becomes too weak from the abstraction of blood the tubing is loosened. He reports several cases operated upon by this method.

One-Child Sterility.

Surgery, Gynecology and Obstetrics.

Matthews has inspected a thousand consecutive gynecological histories taken in dispensary practice to learn the frequency of one-child sterility. There were among these 75 histories of sterility in women married over three year. There were 82 histories of one-child sterility, no case being included unless pregnancy dated back three or more years and unless the one pregnancy terminated within two years of marriage. He states that by far the commonest cause for this condition is gonorrhœa. Among the other causes are sepsis, retroversion, subinovlution, tumors, cysts, and severe general diseases.

The Transperitonal Examination of the Ureter in Cases of Suspected Uretal Calculus, and the Combined Intra and Extra Peritoneal Uretro-Lithotomy

Annuals of Surgery.

Dr. Gibbon states that palpation of the ureter through an abdominal wound is nothing new, that for some time he has made it a routine procedure in all cases where the abdomen is opened for other conditions and where these conditions do not seem sufficient to account for all the symptoms and that he is especially carefully to do this in all interval operations for appendicitis. He reports three cases, two of which were operated on for chronic appendicitis in which he felt a hard mass in the ureter, the incision was extended downwards, the peritoneum was stripped from the abdominal and pelvic wall down to the ureter with one finger in the pelvic-cavity the ureter was pushed up within easy reach and incised and the stone removed. A wick was placed extra peritoneally down to the closed The peritoneal cavity was tightly closed and a small opening left in the other tissues for the gauze wick. All three did well. Dr. Gibbon proposes to sew up the ureter with his next case.

Liability to Tuberculosis in Resorts.

J. Howell Way claims that the great fear expressed by many of contracting tuberculosis by living, or even a temporary sojourn, in towns or sanitariums used as a resort for the tuberculosis patients is unfounded in fact. His paper on this subject, read before the Tri-States Medical Society (N. Y. Med. June 26th, 1906), gives his own reasons for the position he takes and quotes from many authorities on the subject, substantiating them. The following conclusions are summarized by the author:

"Nontuberculous individuals necessarily incur no danger of infection with tuberculosis in visiting or residing at modern healtr resorts frequented by patients with pulmonary tuberculosis.

"There is less danger of contracting pulmonary tuberculosis in a well-regulated modern health resort than elsewhere.

"Health resorts for tuberculosis are almost invariably places where it has been orginally noted that the average of deaths from tuberculosis among the natives was remarkably small.

"The climatic and other local conditions which originally permitted so small a development of tuberculosis among the natives continues to render them relatively (not absolutely) immune, and as well to beneficially impress the visitors to such resort.

"Considered in the light of most recent scientific knowledge, it is doubtful if the infective dangers of street expec-

toration are so great as we have previcsuly believed.

"The average greater degree of sanitary knowledge and practice prevailing to an extent among all classes at a modern health is also righly conducive to the physical improvement and gain shown by the immense maority of visitors to our mountain resorts.

"The most careful attention to sputum indoors, thorough ventilation, and open-air so much in vogue at the modern health resort for tuberculosis render them safer and should be contined."

Kidney Fixation.

Carstens makes two very decided points in discussing The Ultimate Results of Kidney Fixation (Jour. A. M. A., May 12, 1906). The diagnosis of wheather the various symptoms complained of is due to a removable kidney or to other pathyologic conditions, should be made, and that its fixation relieves the discomfort due to its dislocation. He analyzes results of all the cases whose subsequent histories he could obtain, personally operated on the past five years (25 in number), and draws the following conclusions:

"1—Movable kidneys can be permanently fixed by a proper technic.

"2—Undoubtedly many disturbances of digestion are caused by movable kidneys, probably by causing irritation of the sympathetic nervous system, perhaps of the solar plexus.

"3—Fixation of a loose kidney will relieve some digestive disturbances.

"4—Many of the nervous symptoms in this condition are relieved after a short time.

"5—A proper diagnosis must be made before operating and the kidney found to the cause of the trouble beyond any reasonable doubt.

"6—The fixation of a floating kidney cannot cure cancer of the stomach, remove gall-stones, subdue an inflamed appendix, nor dilate a constricted bowel.

Acute Catarrhal Dysentery.

Love in presenting his treatment of this disease (Med. Mirror, June, 1906,) insists upon the patients going to bed at once, as rest is very important. Rigid exclusion of food for twenty-four to seventy-two hours. Elimination is his next point and this is secured by castor oil in double the dose usually given for the age of the patient, combined with equal parts of mist Rhei and Sodii. The colon is flushed with ice-cold normal saline solution by means of long tube. Intestinal antisepsis is secured by means of bile-produce with broken doses of calomel and soda 1-20 to 1-2 gr. of former (freshly prepared), every half hour until desired results are obtained. Oil is given first because it is desired to cleanse bowels as rapidly as possible. When it is given after the calamel it generally acts too quickly. When calomel operates, astringents are given, the preference being for subgallate of bumuth and laudanum. Give food cautiously, small quantities of egg albumin, grated flour ball, fruit juices and lastly boiled milk, with gradual return to solid diet.

Puerperal Infection.

Boldt, before the New York Academy of Medicine, combats the generally accepted opinion that all infection in the puerperum is from without. (N. Y. Med. Jour., May 10th, 1906.) He says:

"For instance, there is not a discussion on this subject, in which the possibility of self infection is not positively denied, it being alleged that the infec-

tion producing agents are invariably introduced from without, by some defect in technic, on the part of the attendant. The attending physician is always held responsible for the cause of the infection. Although we must admit that in most instances such a view is correct, yet there is no rule without exceptions. It is my belief that the pendulum has swung too far in one direction, and it is unscientific to say that if we admit the possibility of self infection, the careless accoucheur will always resort to that excuse.

Carefully conducted investigations have shown that in the secretions of more than seventy-five per cent. of puerperal women, aerobic chain cocci may be demonstrated, without necessarily causing more than a small percentage of morbidity, and that only of short duration. We further know that streptococci may be present in the entire genital tract in women who have not been examined internally, and yet such women may be entirely free from fever.

The streptococci found in the vagina and vulva are usually genuine streptococci and cannot be biologically further differentiated. We also sometimes find the necessarily anaerobic streptococcus of Kroenig in the vagina; it develops with the formation of gas and causes putrescence, and usually lives in symbiosis and is of itself almost always innocent. There is also found a derivative of the pneumococcus, called by Navtig, parapneumococcus. This and the streptococcus of Kroenig are found in clinically apyretic cases. Streptococci in the lower part of the vaginal tract may travel upward into the uterus during the puerperium. The parapneumococci have less ability to ascend than the other streptococci varieties, rarely getting above the vaginal secretion. Sometimes the micro-organisms remain in the endometrium, at other times they deluge the circulatory system, or they travel by way of the lymphatics into the peritonæum or into the parametria."

Further the different forms of micro-organisms found in puerperal patients are discussed and their manner of gaining entrance into the uterus and the system. Genuine streptococci live in the vagina of clinically perfectly healthy women, as innocent saprophytes, that in their ascent during or after labor their character may become entirely changed, their virulence being increased through the fostering soil during labor or at the beginning of puerperuna. These facts are proven by examples of infection where no examinations were made at any time. Streptococci may be present, yet the patient be free from fever. The illness is proportionate to the viralence of the micro-organisms. Their ascent into uterus is dependent upon dead material there, on which they may exist.

"The most recent contribution on the prognosis of puerperal fever as determined from examination of the blood has been made by Kownatzki, of Berlin, from studies in the Imperial Charite. His conclusions are:

"1—Favorable prognosis: If there is no deterioration of the neutrophile blood picture or only a slight one, the presence of eosinophile cells.

"2—Unfavorable prognosis: Leucocytosis of more than 50,000 serious deterioration of the neutrophil blood picture, absence of eosinophile cells, decided diminution of the number of red blood corpuscles.

"3—An improvement is shown by: Betterment of the neutrophile blood picture and the appearance or an increase of the eosinophile cells.

"4—Retrogression is manifested by:

A deterioration of the neutrophile blood picture, diminution or disappearance of the eosinophile cells.

"Prognostically, absolutely uncertain: Appearance of poikilocytosis, combined with polychromatia and nucleation of the red blood cells."

Galvanism for Chronic Constipation.

Peyser proposes to deal with idiopatric constipation, *i. e.*, constipation not dependent upon any other pathologic condition (Gallard's South. Med. June, 1906). The faradic current by itself is without avail in his experience, but is beneficial in strengthening the abdominal mucles of large flabby abdomens. He uses the galvanic current and while not entirely successful in giving complete relief from costiveness and its results, there has not been an absolute failure in any of his cases treated with the electrict (galvanic) injection. His plan is as follows: "A soft rubber rectal tube, in which is placed a metalic conductor, is passed into the rectum coiling in amrulla being prevented if possible. The metallic conductor is attached to the positive pole, the tube is connected with the tube of a fountain syringe, which contains saline solution. A large pad eletrode well maintained with saline solution or well soaped is attached to the negative pole. While the solution is flowing or after the syringe is emptied the current is turned on and gradually increased in strength until 15 m. a. or 20 m. a. are passing or until the patient complains of burning at the negative pole. There should be no sensation at positive pole. The solution in the bowel acts as one of the terminals, thus spreading the current over a large extent of surface, and permitting more current to be used. Similarly, the large pad permits increased amperage." Evacuation is the result in a varying period from at once to several hours. Sometimes without more often with fecal matter. Evacuation next morning is the rule. That the electricity and not the saline solution is the cause of the evacution has been proven many times. Six to ten treatments are requiiste for a complete cure, first administered every day then at longer periods. Strength of current governed by sensations of patients, generally 12 to 20 m. a. Length of treatment 15 to 20 minutes. If bowels are very torpid the interrupted current 8 to 16 interruptions per minute, are given for the last five minutes of treatment.

Neurasthenic and Hysterical Conditions.

Fissher says that it requires a deeper understanding of mankind to combat the fears of the neurasthenic or strengthen the will of the hysterical than in other bodily or mental diseases. In a paper before the Los Angeles Co. Soc. Cal. (Cal. State Journ. April, 1906) he takes up the Weir-Mitchel rest cure and gives its advantages and disadvantages, and why it so often f ails in effecting a cure of these conditions. Improved conditions and isolation are the main features of this plan. The first is essential, but improvement of symptoms do not always follow. The moral effect of isolation, changed surroundings, etc., are beneficial. When this is lost sight of by the physician and reliance placed upon mere physicial details, failure is sure to follow. Under such circumstances the rest has done harm. The author advocates what he calls educational treatment. To complete isolation of the patient may not be necessary,

but a separation from home and family and associations is beneficial. It is the strongest moral therepeutic agent in the treatment. The patient must be lifted up from the quagmire of despair, gain her confidence and then she is amenable to suggestions. Symptoms are lessened and overcome by the use of physical means, but are more surely eradicated by psychial and moral agencies. Dislodge the idea of the incurability of the disease, apprehensions of fear and the subconscious memories. A most common belief is that doing things that bring on symptoms produce irreparable harm. The patient is instructed in the nature of the disease, the aches and pains are explained; efforts are made to suppress her many fears by the use of therepeatic measures of various kinds as electricity or a bitter pill, coupled with suggestion. Suppress new symptoms as soon as they appear before growing into a habit. Direct suggestion is one of the best means of doing this. Educate the patient to do that which she thinks she cannot do. The attitude is that of the trainer to the athlete.

"Finally I would say that in the educational treatment of both neurasthenia and hysteria a systematic method of life should be insisted upon. That for every hour of the day some act or task be done to keep the mind of the patient busy, which acts as a strong moral and physical corrective.

"In conclusion, allow me to recapitulate. The education of our patient consists in: First, the full explanation of the disease and the meaning and the significance of different symptoms. Second, the apprehension and fixed ideas counteracted by suggestion and faulty habits corrected. Third, individual symptoms dissipated and relieved by some mechanical device—a bitter pill, electricity—all given with direct suggestion."

Further Remarks on the Abduction Treatment of Fracture of the Neck of the Femur.

Therapeutic Gazette.

Whitman state that while it is generally admitted that the results of treatment of fracture of the neck of the femar most unsatisfactory, yet little interest is taken in the possibilities of an improvement in its application. He has reported 36 cases, occurring in children, of fracture of the neck of the femar during the last 16 years which came under his own observation. He thinks that a large majority of the cases occurring during childhood and adolescence go unrecognized since in a large number of cases the fracture is either incomplete or not sufficiently displaced to present the classical signs of fracture. In but two of the 36 cases reported were diagnosis of fracture made at the time of the injury. His treatment consists of anestheizing the patient and placing him upon a box about seven inches high and of sufficient size to support the head and the upper part of the trunk. A pelvic support is placed beneath the sacrum. The sound limb is abducted to the normal limit to serve as a guide and to fix the pelvis. The injured limb is then slowly under gentle traction abducted, the surgeon meanwhile supporting the joint with his hands and pressing gently downwards upon the trochanter. When approximately the normal length has been reached a closely fitting, long plaster spica bandage is applied.

Bacteriuria.

Bacteriuria, understanding by the term the presence of bacteria in the urinary tract above the compressor urethræ muscle, is, according to G. P. La Roque (*Journal A. M. A.*, June 16) a much more common condition than is generally supposed. Unless associated with suppuration it produces none of the symptomss of true inflammation in a healthy person, but each may follow in conditions of lessened vital resistance. Local symptoms, when present, are: Slight increased frequency of micturition, mild *ardor urinæ*, occasionally incontinuance, and in children there may be nervous disturbances. It is abraisions exist, toxins are not absorbed. In many cases there are no subjective symptoms. The most common infecting organism is the *Bacillus coli* and it is present in nearly all cases, often in pure culture. In some cases of typhoid bacteiuria it is absent. Akalinity of the urine means the presence of the staphylococcus or *Bacillus proteus vulgaris;* all other organisms, these being absent, produce an acid urine. When the bacteria come by way of the kidneys, as in typhoid septicemia or scarlatina, there is always a positive albuminuria. When they enter from the genitalia or the lower intestinal tract, the presence of albuminuria is dependent on the previous condition of the kidneys. The history will probably suggest the causative germ. In treating the condition, urinary and intestinal antiseptics, urotropin (hexamethylenamin), salol, boric acid and large draughts of water are advised. Vesical instrumentation and irrigations are to be avoided so far as possible. In spinal disease with paralysis of the compressor muscle, bacteriuria is a constant attendant affection, and when the urine becomes ammoniacal, cystitis is inevitable. The danger to life in these cases from ascending urinary affection makes bacteriura a serious matter, and every one recognizes the value of thorough, gentle, aseptic bladder drainage in their treatment. In cases, as in the aged, dependent on colitis and constipation, free purgation, regulated diet and intestinal antiseptics are essential. Colonic lavage for two or three months is practiced by Janet. A case of very marked bacteriuria following dysentery is reported.

The Rational Treatment of Urethritis

N. E. Aronstam, M. D., Detriot, Mich. (*Journal A. M. A.*, June 2), condemns the so-called abortive plan of the treatment of acute urethritis and also the so-called expectant plan of treatment. Not less reprehensible, he states, are the remedies in vogue at present. Prominently among these, figure the "alkaline diuretics." The author claims that alkalies when absorbed are completely destroyed as far as the acid radicle is concerned, being converted into normal chlorids or salines and not carbonates, and he states that they exert beneficial effect on the inflamed urethra, not as alkalies, but as diluents and diuretics. The therapeutic value of boric acid and salol is also doubtful; balsamics are condemned, presumable benefit from these remedies being due to the water taken in them. In the acute stage the patient should take plenty of water, avoiding alcohol, tea and coffee, and condiments as well as soups and nitrogenous foods. The anterior urethra is flushed with a normal saline solution by means of the Valentine douche or similarly devised apparatus, with a good valve attachment to regulate the flow. The apparatus should

not be elevated higher than 6 feet. The urethra having been cleansed,20 minims of a solution adrenalin (1:1,000) is instilled through an ordinary bulb eye dropper into the canal, retained five minutes and allowed to escape. The saline irrigations are continued once or twice daily for ten days, after which potassium permanganate is substituted in ascending strength, 1:10,000 to 1:7,000 at the end of the third week. By this time the discharge will have ceased, or nearly so, and a prescription of zinc sulphate, adrenalin and colorless fluid extract of hydrastis in distilled water may be used, which, in a short time, will check it completely. Three weeks suffice in the majority of instances to effect a cure. The treatment of the chronic form of urethritis is more difficult, tedious and complicated than that of the acute variety. The author recommends as an injection a solution of protargol (5 per cent.), together with adrenalin chlorid and Magendie's solution of morphine if necessary. In some cases silver nitrate acts more favorably than other silver compounds. Irrigations with potassium permanganate or zinc sulphate may be useful. The introduction of sounds is indicated; first, an incipient and formative stages of stricture; second, in involvement of the posterior urethra without implication of its adnexa; third, as a powerful stimulant to the urethra in catarrhal treatment affecting its anterior segment, where no gonococci are demonstratable. The author recommends urethroscopy for table practice, as a means of diagnosis and as a therapeutic auxiliary. The value of internal treatment in chronic gonococcic urethritis is questionable. The proper treatment in all cases depends on determination of the seat of the lesion. The three-glass test of the urine should be used, and a sound introduced to detect strictures and diverticula. Rectal examination is imperative in nearly all cases, and search must be instituted for possible diseased conditions of Cowper's glands, as this is apt to cause an obstinate urethrorrhea. Folliculitis of the urethral mucosa may produce a muco-purulent discharge. Meatotomy and circumcision should be performed in proper cases. Affections of the bladder, ureters and pelvis of the kidneys or of the kidney itself must attract attention as possible causes in all ultra-chronic cases. Cystoscopy and, if necessary, ureteral catherization should be performed before definitely arriving at a diagnosis. In conclusion the author remonstrates against unscientific methods of treatment and the failure to recognize the gravity of gonococcic urethritis. The treatment undertaken by the physician must be in conformity with the most modern principles governing it.

We must encourage the honest manufacturer to toil in the domain of therapeutics. A new combination or a new synthesis that is really an advance over past methods should be applauded. Most of the modern progress in this field is due to the manufacturer. Let us not stand in his way. But let us denounce the hungry imitators and lying quacks who attempt to foist inferior, secret or worthless preparations on us. If he has a new remedial agent let it be exactly what he states, nothing more or less. If a manufacturing chemist has once been caught in a falsehood, he is unworthy to manufacture any medicine for physicians. Shun him and his products.

SELECTIONS FROM OUR EXCHANGES.

Intravenous Injections of Corrosive Sublimate in Scarlet Fever.

D'Andrea relates that there were no deaths in fifty-two cases of scarlet fever during a recent epidemic, but that the disease then assumed a more malignant form and six died out of the next series of twelve. Alarmed by this mortality, he treated the next four patients by intravenous or subcutaneous injection of from two to four mg. of bichloride of mercury. All were very severe cases, but recovery ensued in all. The improvement was so marked under this treatment that he has since treated nine cases of severe typhoid and one of puerperal infection in the same way. He calls attention to the pronounced antithermic action of the bichloride of mercury when used intravenously or subcutaneously. The temperature drops in from two to six hours.—*Jour. Am. Med. Ass'n.*

Gonorrhea in Women.

Palmer Findley (*American Medicine*, March 17, 1906) says anatomic recognition of gonorrhea of the urogenital tract may be impossible, particularly in cases of long standing. For this reason the diagnosis must occasionally rest upon the finding of an inflammatory lesion in one or more portions of the tract, and associating these lesions with a history of exposure to gonorrheal infection. A diagnosis that admits of no doubt can only be based upon the finding of the gonococcus in the secretions or tissues. This is by means easy in the chronic stages when there is little or no secretion, and the organism, which at least is recognied with difficulty in the tissues, is found in small numbers or may be wholly wanting. The small size of the gonococci and their scarcity in the tissues of chronic cases may necessitate the microscopic examination of a large number of sections. This involves rare skill in technique, not only in the preparation of the sections, but in the differentiation of the gonococcus from other cellular structures. Grave mistakes have been made in diagnosis by assuming that no infection exists because the usual complaints of an acute infection do not appear in the history.

Since the cure of gonorrhea is so unsatisfactory, and when deeply seated is usually only accomplished by a mutilating operation which too often unsexes the woman, prophylaxis becomes the paramount issue in the management of gonorrhea of women. Unfortunately, it is not alone the laity which is in need of education in this respect; the profession is often guilty of being too hasty in pronouncing a cure and in giving sanction to marriage and to the resumption of the married relation. Untimely interference with uterine and urethral applications in the early stage of the disease too often causes an extension of the infection and makes a serious lesion of what might otherwise have been a self-limiting disease.—*Medical Age.*

Eye-Strain and Digestive Disorders.

G. M. Gould (*Journal of the American Medical Association*, March 24, 1906) comments on a statement made by Dr. J. H. Musser in the *Journal* (Nov. 4, 1905) that the cure of so-called bilious attacks, etc., by the correction of errors of refraction is a common and familiar occurrence. He points out

that it is sixteen or seventeen years since he himself first began to affirm and to reaffirm this truth, and this is the second convert made among the diagnosticians, leading practitioners or gastrologists. Notwithstanding the admission that the fact "is familiar to all," Gould reviews the text-books and literautre and shows how little mention it has received and how generally it has been ignored by the authorities. He claims that he began and for ten years was alone in advancing the ocular origin of these diseases, and objects that after being ignored so long it should now be accepted without due credit to its earliest advocate, as simply a truth "familiar to all." While the admission, he says, is a breach in what have seemed the impenetrable walls raised by the authorities and text-books-making classes, he doubts its sincerity and calls for honest reports of cases from those who must observe them, and a general scientific utilization of the truth in practice.—*Medical Age.*

A Plea for More Conservative Examinations in Suspected Cases of Pulmonary Tubercolosis.

Claude C. Keeler (*Medical Record*, April 7, 1906) calls attention to the following symptoms as being suspicious of incipient tuberculosis: Attacks of acute indigestion, chronic bronichitis—with or without expectoration—anorexia, dyspnea, slight or no rise in temperature, achycardia, and little or no loss of flesh. A very careful examination of such a case should be made, even though only a few of the above symptoms may be given. Although not every patient with these symptoms is afflicted with tuberculosis, it is usually in such patients that the earliest signs and symptoms are overlooked by the attending physician. Several examinations should be made on different days and at different hours of the day. In most cases there will be found local retraction of the chest wall. Considerable time should be devoted to palpation, percussion and auscultation. Dullness is detected at the apices of the lungs in the very earliest stages of tuberculosis. Auscultation is by far the most satisfactory method in the diagnosis of incipient tuberculosis. Rales are never heard in the normal chest. Crepitant rales are most often heard in incipient tuberculosis. The writer believes that the mortality of this disease may be reduced to a very low percentage if the physician will spend sufficient time in the examination of suspected cases. If there should be left a doubt in his mind after the examination, the patient should be seen by one who is an expert in the detection of the earliest manifestations of this disease.*Medical Age.*

Pernicious Vomiting of Pregnancy.

Dr. William S. Stone, of New York, in a paper read before the New York State Medical Association (*Medical News*), said that for the milder cases of pernicious vomiting the usual remedies must be tried. The intestinal tract should be thoroughly cleansed, and large injections of water may be given and the stomach washed out. If the vomiting persists, however, it takes on the pernicious form, and then the only thing that will end it is the determination of the pregnancy. For this the rapid dilation of the cervix and the emptying of the uterus has been the most advised means, but there are beginning to be doubts about its applicability in some of the severest cases where the

symptoms have affected the general health very much. The shock of the operation may of itself kill the patient. The administration of an anæsthetic adds to the danger, and if chloroform is given the toxic process within the body seems to be intensified. All the portions of the fetus and its adnexa must be removed or the vomiting will continue. Dr. Stone has had a case in which a small portion of placenta was left with failure to relieve symptom. When this was removed the vomiting stopped.—*Gaillard's Southern Medicine.*

Infantile Paralysis.

We believe that this disease, like many others, is an autointoxication and that in very many cases the *materia peccans* comes from the intestinal tract. What is the remedy then? Intestinal antiseptics, of course, with well-directed elimination. We have preached and still do preach the doctrine of "cleaning out"—thoroughly, thoroughly done, calomel, podophyllin and the salines—keeping clean with the sulphocarbolates and conserving and strengthening the depurating action of that most important gland, the liver, by appropriate medication. In our opinion a treatment along these lines will give remarkable results in most of these cases.—*Am. Jour. of Clinical Medicine.*

Claims to Cure Asthma.

Editor Medical World—I note that the May issue you say (page 190): "We all know well that asthma once established is incurable." Allow me to say, Doctor, that is a mistake. I never fail to cure asthma, no matter how well established. I will give one case: A lady in Pittsburg, Pa., 70 years of age, had asthma for 20 years; much of the time had to sit in a chair; could not sleep in bed. I prescribed the following:

Nitrate of amyl
Fluid ext. lobelia
Fluid ext. skunk cabbage..aa 3 drams
Fluid ext. blood root.....20 drops
Simple syrup..... 8 ounces

Dose, one teaspoonful before meals and on retiring.

She took three bottles and was cured. I heard from her 20 years after, still living and no return of the acthma. The above has never failed me in any case of asthma. Have lately discharged two cases, both cured. These two cases took only two bottles each. I hope this prescription may be of like benefit in the hands of others.

DR. J. H. THOMAS.
Wyoming, Del.

The School Room as a Factor in Disease of Young Girls.

The worry and excitement attendant upon present-day school life is, undoubtedly, the prime cause of a governing percentage of the neurotic disturbances which are so prevalent among the women of America. In fact, it is quite within the bounds of truth to assert that many of the diseases which present themselves to the gynecologist have for their orgin a nervous system rendered bankrupt by strife in our temples of education.—*Medical Mirror.*

Pertubucular Conditions.

R. R. Shurly, Detriot, Mich. (*Jour. A. M. A.*, June 16), believes that the pretubercular stage of phthisis, as we now classify it, is in the vast majority of cases only a latent unrecognized tuberculosis and that the development of the bacillus tuberculosis is in many a

problem of cell nutrition, the biochemic phenomena of which are not understood. Sharp lines of demarcation between the pretubercular and incipient stages cannot be drawn. Among the leading symptoms of the former he lays stress on a progressive loss of weight accompanied with general malaise and sometimes also acceleration of the pulse. When these symptoms are present, without other definite signs, and acute and chronic diseases can be excluded, a true latent tuberculosis exists. Chest measurements and vital capacity should then be carefully tested and the conditions of lymphatism and digestive disturbances which may exist, be looked for. He specially calls attention to the relation of the chloroanemias to the development of phthisis. The constant association of anemic blood change with imperfect chest development and progressive loss of weight is very noticeable, the hemoglobin is diminished out of all proportion to the loss of red cells. A recognition of this sign, like pleurisy, as frequently only the initial evidence of a slumbering tuberculosis, would prompt the recourse to the hygienic and medicinal measures that would produce a complete recovery. Shurly recommends in these cases the hypodermic administration of iron and arsenic, the former in the form of the ammoniated citrate in doses of from .05 to 1 gram and of arsenate and soda .001 to .002 gram, starting with the smaller dosage. A blood examination should be made, after which punctures may be given daily. The good effects are quickly manifested and an increase of 5 to 10 per cent. hemoglobin a week can be expected. He likewise calls attention to two prominent characteristics of the pulse in the pretubercular stage; the slight variation on change of position noted by Wells and Loomis, and the relative feeblessness of arterial pressure. In conclusion, he remarks that while no one or two signs are conclusive, yet, taken together we have enough dangr signals to warn us. Hypodrmic medication with iron, arsenic, hypophosphites and strychina offers a valuable adjunct to the necessary pure air, good food and sensible hygiene.

Artificial Gastric Ulcer.

After first reviewing the theories of the resistance of the stomach tissue and the pathogenesis of gastric ulcer, F. B. Turck, Chicago (*Journal A. M. A.*, June 9), gives a history of experiments by other investigators, together with his own previously reported work on the induction of artificial ulcer of the stomach. He notes particularly the failure of local irritation by mustard oil injections to produce ulcer and his success in a few instances in producing peptic ulcer in guinea-pigs by long continued close confinement without exercise and with limited light and ventilation. These few successes suggested the possibility of systemic conditions being important factors, and that alterations in the toxic state of the alimentary canal with consequent change in the blood might play some part; and a more definite means of modifying the normal conditions was sought. Experiments were begun with *Bacillus coli communis* because it is an organism found abundantly in the intestines and which flourished in catarrhal and atonic states of the stomach. Although no difference could be detected, morphologically or culturally, between strains isolated from the stools of normal individuals and those from cases of gastric ulcer, on account of there be-

ing a possible difference in their pathology the latter were selected, and the toxin of *B. coli* being intracellular, suggested the use of killed as well as living cultures. In earlier experiments the bacteria were introduced directly into the circulation, but in the later ones they were fed by the mouth, thus approaching more nearly the natural conditions. Meat extractives were fed in some cases, as it was observed that *B. coli* grew most abundantly in media containing meat extractives. Positive results were obtained in every experiment in which cultures of *B. coli* were fed to dogs, the number and extent of the ulcers varying from a few ulcers in the duodonum to numerous typical peptic ulcers of the stomach. In order to ascertain the percentage of gastric ulcer in dogs not experimented with, the stomach and intestines of 189 healthy dogs killed at the dog pound and of 82 dogs dying from disease, injury, poisoning, etc., were systematically examined. In no case was a peptic ulcer found, and it appears, therefore, that the percentage of its occurrence must be very small. The findings in the feeding experiments are describd in detail and discussed. Turck thinks that a dual condition is indicated in the production and persistence of these ulcers; a toxic condition overcoming natural resistance and possibly some chemical substances formed within the alimentary tract which was absorbed may neutralize the protective bodies in the blood and tissues, resulting in autocytolysis. Pronounced changes occurred in the blood and tissues; agglutination of *B. coli* by the dog's serum in high dilution, marked hemolysis, cytolysis and autocytolysis of the gastric mucosa cells and of the cells of the kidney and liver, but there was no bacteriemia, no inflammatory reaction such as might be looked for from pyogenic mico-organism or toxins. It was not like a local reaction to an infection, but rather the picture of a systemic condition and of an induced cellular change. We have in these results, he holds, for the first time a postive etiologic factor of gastric ulcer, and, although only on the threshold of the investigation, we have for the first time a firm basis for the unraveling of the finer or underlying etiology of peptic ulcer. The article is fully illustrated.

Instructions to Lying-in-Nurse.

Macomber closes an articles in the *Medical Mirror* on a "Maternity Packet" thus:

Another important factor in these prophylactic measures are the instructions to incompetent nurses, whom we usually find in country practice. In the first place, I have my patients provide themselves before-hand, if possible, with gauze cotton and antiseptic tablets, then I give them a card printed on one side thus: "Instructions to the Lying-in-Nurse."

ANTE-PARTUM.

1. When labor pains first begin, give patienet rectal douche to thoroughly move the bowels.

2. Give patient hot sitz bath for ten or fifteen minutes, increasing the temperature as high as can be endured, sponging external genitals with soap. An entire bath should be taken if possible.

3. Clip hair about vulva as close as possible with scissors.

4. Put one bichloride tablet into one quart of hot water, in earthen or granite dish, place a napkin in solution and allow it to remain ten minutes, then

ringing out, fold into proper size for pad and lay on plate which has previously been scalded with boiling water; after sponging parts with this solution, lace pad over vulva and secure by T-bandage.

5. Have patient put on clean night gown and wrapper outside if desired.

6. Make up bed with bottom sheet, then oil cloth or other means of protection, another bottom sheet, then top sheet.

7. Don't let patient go to bed till bearing down pains begin.

Other side of card:

POST PARTUM.

Morning and night remove dressing and sponge external parts with solution composed of one tablet to one quart of hot water, using absorbent cotton for sponge; after sponging, wring out cotton and lay on vulva; open jar of gauze and with scissors which have been standing in boiling water during sponging, remove cotton from top of jar and place in cover; then catch the gauze with the scissors and draw it about six inches out of jar, then holding it with thumb and forefinger of left hand cut off close to jar, push remaining gauze back into jar with scissors and replace cotton with same. Now, remove cotton from vulva and replace by gauze, handling it as little as possible. Over this, place a pad of absorbent cotton and adjust a T-bandage. The above treatment to be continued five days when the gauze may be omitted.

2. Tighten abdominal band a little each day.

3. If patient wishes to use chamber during the intervals between bathing, unfasten T-bandage in front and roll inward with pad to girth and fasten. Have patient roll on hands and knees in the bed and then sit upright on chamber. Before replacing the dressing, wipe off parts with cotton and solution.

4. On third day give laxative if bowels have not moved; castor oil is the best, one or two tablespoonfuls may be given.

5. Do not disturb baby's navel except to keep it dry with fresh absorbent cotton, if necessary.

I find this card very convenient, as any neighbor woman of ordinary intelligence can follow these directions and attend the patient properly.

With this packet properly used the percentage of septic cases can be reduced to zero, even in private practice.

The Cold Fresh—In Treatment of Pneumonia.

Dr. W. P. Northrup read this paper before the Medical Society of the County of New York, January meeting, 1906 (*Med. Record*), reporting in detail the case of a boy, aged 13 years, who developed a pneumonia, clinically of the grip type, wandering and prolonged, resolving without sputum. It began in the left lower lobe, spreading gradually to the root, advanced to the upper posterior portion, then to the apex, spreading around in front; in short, it involved the entire left side. The symptoms that marked its severity were restlessness, nausea and vomiting, delirium described as muttering, or active, nearly all the time for twelve days, incessant talking. There was also a dry tongue, moaning in sleep, picking the bedclothes, risus sardonicus, irregular respiration, irregular pulse, at times dicrotic, flushed face and distended abdomen. The temperature touched 104 degrees and 105 degrees F. every day for nine days, fell a little from the ninth to the eleventh, mounted again on the

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twelfth, and remained normal after the thirteenth. The respirations averaged 35 to 40; by exception reached 50 or more. The pulse was seldom above 120 and usually of good character. His condition remained one of the post-typhoidal state associated with exhaustion of the cells and anemia, after the acuteness of his attack had subsided. He had illusions, delusions, etc. The boy's head was placed between two open windows, the lower sashes being opened to their utmost, the month being March. On account of the active delirium it was necessary to pass a canton flannel bandage around one ankle and fasten it to the iron bedstead. The working rule was, "Nothing between the nose and North Pole." The room was cold, perhaps 40 degrees F. The nurses wore heavy wraps night and day. The hot, dry skin, dry tongue, muttering delirium, limited long capacity, called loudly for two aids, water and air. Any person looking on that boy could be easily convinced that a hot constricting poultice and vitiated air were not indicated; these would possibly have killed the child. The parents, under the influence of much explanation and observation of the case, were convinced that the treatment fitted the indications. Dr. Northrup believed the time had come to give fresh, cool, flowing air and fresh, cool draughts of water to the stricken fevered child. It was time to cool and dilute the blood stream, and it to unload its toxic material, to drain it from the system. It was time to lend a hand to steady the nervous regulator, to cool and bathe, soothe and refresh. In such treatment there were no dangers; there were all advantages.—*Gallard's Southern Medicine.*

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EDITORIAL.

Antipneumonic Serum.

Dr. Giuseppe Tartano gives in the Buffalo Medical Journal (June, 1906) his personal experience in the treatment of pneumonia with Payne's Antipneumonic Serum, from which liberal extracts are here taken.

He claims that the ideal therapy of infective diseases is serum therpy, and the hope of successfully combating pneumonia is in serum treatment. Brief allusion is made to the history of serum therpy in pneumonia, and special attention called to Payne's preperation and its origin. Payne advises that 10 cc. of the serum be administered every 12 hours until sickness ends, but the author has not found this necessary. Twenty-five cases have been treated with the antipneumonic serum with two deaths—the causes for which are given and do not detract from the usefulness of the remedy.

The following extract from the paper gives the most common course of the disease under the use of the serum:

"A strong laborer while working has a chill, feels unwell, goes home and to bed. He has fever, pain in one side of the chest, cough, and the sputum is but slightly colored. The second day and even the third day, when the sputum is markedly red and cough and fever are still going on, the physician is called. He finds the complete symptomatology of lobar pneumonia. Ten cc. of serum is injected. After 8 to 12 hours the symptoms are changed, the patient that was restless, dyspnoeic, uncomfortable during it all, now feels comfortable. That is the most important thing for himself. He feels born to a new life, the temperature drops 2 to 2 1-2 degrees, the pulse rate is slower, the pulse is regular the dyspnoea has diminished; the sputum fluider and less rusty. Still the dullness of the affected lobe is unchanged, but the most important thing is that the patient feels much better. Some patients at this time deem it right to dispense with the physician's attendance.

"The fever goes on markedly low for several other days, while the patient's condition remains very good, there comes a crisis almost unworthy of that name, the disease is past, and convalescence begins. This happens in nearly three-quarters of the cases."

Two other types are given even more favorable than this.

The clinical features noted in the use of the serum are given and compared with the well-known characteristics of diphtheria antitoxin, thus:

"1st—Percussion and ausculation of a lobe affected with pneumonia, before and after the injection of serum, does not show any change. Dullness remains and in a very few cases the exulate seems more fluid.

"2nd.—Serum mitigates the gravity of pneumonia, but as a rule does not shorten its course in children. The two cases I had of crisis in fourth and fifth day, strictly speaking, are possible in pneumonia without serumtherapy, and in these peculiar cases we cannot either assert or deny serum's action.

"3rd.—A drop of temperature of one to three degrees and even four degrees is caused by the injection of 10 cc. of serum. The earlier the injection, the more marked, as a rule, temperature's decrease. This is like diphtheria. It seems that in belated cases a much larger and stronger dose of serum repeated at 12 hours interval should be successful; this, too, is already practiced, in diphtheria, and there is no reason why it should not be done in pneumonia, unless it be for economical reasons.

"4th.—Serum causes the subective phenomenon of relief nearly in every case, even when there is not any change of temperature. This seems to be due to antitoxinic properties of serum, but moreover as Payne asserts, to production of anticorps and to increase leukocytosis. The role of anticorps in fighting the pneumococcii or diplococci in the cells of the system has been already demonstrated by Payne.

"5th—Cyanosis even if very marked disappears after the use of serum. Albumin when not due to pre-established conditions of kidneys disappears after the use of serum.

"6th.—Cardiac complications in pneumonic toxins are relieved by the serum as every other complication due to pneumonic toxins."

The objections to the use of the serum are thus enumerated:

"1st.—It does not cut short the disease as diphtheric antitoxin so often does. I answer that there are far different diseases and we cannot force the results of pneumonia's serum therapy into the rules already fixed for diphtheria. Payne remarks that diphtheria is a toxinic infection and pneumonia a bacteric infection.

"2nd—That Payne's serum does not seem to have any power upon the disease's local manifestations. As I said before, we have not enough knowledge of pathological anatomy of cases treated with serum.

"3rd.—That the result of serum therapy is uncertain, and not the same in every case. This objection loses its ground when you think of the different pathogenic agents or associations of agents capable of producing lobar pneumonia, and the unicism of cultures employed in the production of serum; and when we think of the different use of serum in the different stages of the disease.

In conclusion, I would say that the therapy of pneumonia ought to be brought to a more rational method by the adoption of serum therapy, which

adapts itself to all indications of the various, complicated, and often deceptive therapy we are using now, by its being antithermic, cardiocinetic, antidyspnoeic and antitoxinic. Goldsborough says: 'I should feel culpable to a great degree, had I a case of pneumonia and failed to use the serum." Because he would fail to help the patient with a remedy that is the best and the surest.

"So we cannot dispense with serum therapy of pneumonia however incomplete one might deem its activity when considering its action summarily without taking the pains of investigating the bacteric nature of every case of pneumonia one has to fight.

"In the practice there may be some failures, but we look hopefully toward the future, which may prove this remedy so as to make it generally adopted. Certainly it does not do to be sceptical to the lovers of this still chill science of serum therapy, of which we see now only the most promising bud of childhood, while instead the next generation will certainly see the gorgeous blooming of the most beautiful womanhood.

Meeting of the American Medical Association.

The meeting of the American Medical Association at Boston, June 4th to 7th, was the largest in attendance of any meeting in its history. We have seen no note of the exact registration, but it approximates five thousand and it is estimated that fully six thousand physicians were in attendenace.

To give a resume of the work of the association would require more space than we can spare to it, and only a few salient points will be noted. The membership of the Association increased during the past year from 19,285 to 23,636. The amalgamation of the New York State Medical Association with the Medical Society of the State of New York during the year, gave New York official recognition in the Association for the first time since the organization under the present plan.

The General Secretary's report gives much valuable information in reference to work being done. The value of the card index and the Directory were brought out and the former fully indorsed by the House of Delegates. The object of this is to keep tract by means of cards alphabetically arranged by the members of the Association Of these cards there are now in the neighborhood of 6,000 on file in the office of the Secretary. A resolution was passed requesting the trustees to have constructed a brick vault in the Association's building in Chicago for the storing of all records relative to the graduation and licensing of members. As an evidence of the utlility of this index the Secretary was able to furnish the officers of the California State Society with a list of its membership after the destruction of their records in the fire of April last. While the publication of the Dictionary is endorsed it is considered of only secondary importance.

The work of the Council of Prarmacy is endorsed and thanks extended to the National Hospital and Marine Service for valuable aid in prosecuting the work.

Much has been written about the policy of the Trustees of the JOURNAL of the Association in their efforts to make it the foremost publication of the sort in the world, in attempting to destroy independent medical publications. The Association, by preamble and reso-

lutions, acknowledges its debt to the independent journals and advises its members to support the ethical ones of this class.

Dr. J. N. McCormic's work as organizer is commended and he is requested to continue in it.

On account of some distrust being expressed in reference to the management of the affairs of the Association's journal, a committee of five members—G. Frank Sylvestus, Frederick H. Wiggins, A. H. Ardier, Duncan Eve and D. W. Graham—was appointed to make an exhastive study of the matter and report at next meeting.

The report of the Council on Medical Education is possibly one of the most important made at this session. It is complete and brings out the existing conditions of medical education very fully. Further consideration of this report is deferred until our next issue.

The standing committee on Reciprocity was abolished and its work transferred to the Council on Medical Education.

Another important report is from the committee on Medical Legislation. This gives a synopsis of its work for the past year, commends the aid given by the Natinoal Auxillary Legislative Committee—(one physician in each county, 2,130 in all)—in promptly responding to the demands of the central organization; expresses satisfaction with *esprit de corpst*, tho deploring one instance where the consensus of opinion was ignored; still urges the establishing of a Bureau of Medical Legislation with sufficient funds for maintaining it; asks for an appropriation to defray necessary expenses in framing a bill for a National Department of Health with representatives in the Cabinet; gives status of the Pure Food Bill now before Congress; asks to represent the Association in a national society of non-professional elements, to be organized for the suppression of quackery in every form; and urges consideration of compensating the officers of the committee. The report was adopted and the matter of appropriation referred to the trustees for action.

The report of the Truees goes fully into the financial standing of the Association journal work, membership by States, subscribers to JOURNAL. The balance sheet shows property to the value of nearly quarter of a million dollars. The publicationtion expenses for 1905 were something over two hundred thousand dollars. The largest source of income was, of course, from the advertising department, and comes in the neighborhood of one hundred thousand dollars, and a slight increase over that of 1904, inspite of the fact that nearly twenty-five thousand dollars in advertising contracts were refused on acbonds, and advise that no reductions be pharmacy. The trustees promise that objectionable advertisements will be eliminated as rapidly as possible. It is the purpose of the Board of Trustees to make a permanent capital of one hundred and fifty thousand dollars for the journal and have for this purpose fifty-four thousand dollars invested in bonds, and advise trat no reductons be made in dues or subscriptions until the journal is on a "rock bottom" basis, with a working capital of one hundred and fifty thousand dollars.

National incorporation of the Association by Congress has been abandoned, because it would restrict the actual business of the Association to the District of Columbia.

The next session of the Association

will be held at Atlantic City, the time being left to the Trustees.

Dr. Joseph D. Bryant, of New York, was elected President, a fitting testimonial of Dr. Bryant's worth, his labors and of the reconciliation of the warring factions of the profession in the Empire State ,in the production of which Dr. Bryant was a large factor.

In a future issue we hope to note some of the address made before the general meetings.

We are indebted to the Journal of the American Medical Association's (June 16th, 1906) official report of the proceedings of the House of Delegates for our information, from which report these abstracts are made.

From time immemorial the professional nurse has been in evidence. Every neighborhood has, if the not the professional nurse, one or more persons, generally an old woman, who by an aptitude in adopting themselves to the needs of the sick or an experience more or less varied in nursing are looked upon as authorities in case of illness. These are often consulted before the physician is called, and not infrequently finds one of the *genera* installed in open rivalry with and direct opposition to him. Fortunate, too, is the young doctor in country practice who has not felt her hostile influence, when he has found it necessary to run counter to her views!

From the Sara Gamp variety of the "nursing" fraternity to the hospital trained and State registered nurse is a long way and a great improvement. This latter is to the operating surgeon almost a necessity; to the physician in generalt practice a helpful coadjutor; and to the patient a boon. With all this are the present conditions and the indications for the future regarding the relative positions of the nurse and doctor satisfactory? Of the first and older class it can well be said that they knew too much medicine to be a competent nurse and not enough to practice. Is not her sister open to the same charge?

The tendency is strongly in the direction of separation of the two professions, making that of nursing independent of the physician—a separate and distinct science or art. The progress made in this direction we will not stop to discuss in this connection. Suffice to say, that though small, it is marked. The question to be considered in this is: Can either profession afford such a separation? The answer is not hard to fined and must be an unqualified negative. The relations between the two are too clearly intertwined, too dependent one upon the other for anything but most harmonious action. In serious illness both the physician and a nurse are essential for the welfare af the patient, though it is not every time the trained nurse is available when needed.

The necessity of nursing is fully recognized, but there is an urgent need of a different class of nurses than the character now furnished by the training schools connected with every hospital of any pretensions in the land. The objection to them is that they are overtrained, the word being used here in the sense that the training is more than is necessary for the bulk of the work required of them. The highly trained nurse, with all her accomplishments, is a necessity for the hospital, and as an assistant in surgical operations, and the nursing immediately afterwards. Some other needs might be mentioned, but these are the principal ones. Nurses capable of doing this class of work command, and justly, too, wages of two

and a half to four and even five dollars a day. This tax on the resources of the average family is prohibitive. A cheaper service is demanded, but under the present conditions is not to be obtained. Nor is it here claimed that the charges of the nurse are too high. Her three years training and study, and her attainments should command wages adequate with her accomplishments and experience of time and work.

A knowledge of bacteriology is a good thing to have, to know how to make a urinnary analysis is all right, and there is no objection to ability to make a blood count, but the average physician, and very much the larger majority of patients do not care for these accomplishments in the trained nurse. They may come in nicely occasionally in a general practice, but are not needed often enough to make them a distinction. These may possibly make her more efficient in some respects, but the majority of the diseases she is called up to nurse in private work do not demand the knowledge of this higher training that has been given her. The objection is not so much to her having the knowledge as it is to the fact that the patient must pay for this knowledge when it is of no material benefit to him, and very little, if any, to his attending physician.

The cities and larger towns are fairly well supplied with efficient nursing force to meet the actual demands, as it is only the wealthier class or the very seriously ill that can afford the charges demanded. The smaller towns and country districts are not supplied nor can they be under the present conditions. The means of the average patient will not justify the employing of the trained nurse at the price demanded, consequently they cannot secure sufficient work to justify settling permanently in these localities.

The progress of medical science and the changed conditions of practice makes trained, or at least intelligent, nursing very desirable. This is not available excpt in very few families, for it is only in isolated cases that a member of the family is really a good nurse. Even when there is in the family one adapted by natural endowments or some training and experience, there are other conditions bearing upon the subject carrying much weight. Chief among them being the fact that but few people can control their feelings and emotions to a sufficient degree for the best care of a loved one seriously ill. The devotion to the patient and his welfare may be all that can be asked, but it requires the exercise of judgment, tact, skill and often great firmness, all of which are liable to be warped in the affections for the patient.

The need of the small towns and country districts is for a class of nurses that can afford to work at five to ten dollars a week, and who have some rudamentary training in care of the sick. It cannot be expected of the full graduate that she will work for these wages, nor can the under-trained nurse give the same aid in the most serious cases, as can the graduate. The object is to secure nursing that can be utilized in a large class of patients that under existing conditions have no other than such as is furnished by the family, and volunteer aid from the neighbors.

In the qualifications of such a nurse and the amount of training she should have there might be wide differences of opinion, but a few all will agree she must have. Her character must be

above reproach. She should have some education, at least able to read and write, be in sound health, strong, tactful, have a sunny disposition, quick perceptions, level headed, sound judgment and even tempered. Such girls and young women are to be found in every town and neighborhood, and can be easily instructed in the rudamentary principles of antisepsis and contagion—the use of the thermometer, the actions of the heart, the different forms of respirations, the facial expression, the character of the stools and the keeping of a record, even then a knowledge of how to make a bed, tidy a sick room, move a very ill patient and prepare a few sick room delicacies, and you have a considerable improvement on the nursing usually obtained. Such instruction might be obtained in a few months' stay in a hospital, or can be given with little trouble in some larger time by any physician to one or more girls or women in the region of his practice.

There is a considerable advantage in this plan of training in that each physician gives to the nurse the character of instruction and the manner of performing each service, to suit his individual needs. Then, too, he knows of what his nurse is capable and how far he can trust her with the patient.

The Wilmington Marine Hospital.

In a recent issue we noted the order of Secretary Shaw relative to the closing of several marine hospitals, the one at Wilmington among the number, and the efforts of the business organizations of Wilmington to prevent its distinuance. The order was for the closing of the various hospitals on July 1st, but the protests and representatives of the Wilmington Chamber of Commerce and the Merchants' Associations have had the effect of delaying the closing at any rate. A telegram from Congressman Patterson states that the Secretary of War has ordered an investigation of the circumstances and conditions at Wilmington and the closing will not be made until this is accomplished, and it looks more favorable for preventing discontinuance.

This is the only hospital between Baltimore and Mobile. Bids were asked at the time the order was made, for treating patients in contract hospitals, but the James Walker Hospital, at Wilmington, did not put in a bid, the trustees not caring to obligate themselves to receive any more patients than those from the city.

The action of the business men of Wilmington is to be commended and it is to be hoped they will be successful.

Since the above was written the following clipping has been made from an Associated Press report:

"The Secretary of the Treasury has issued an order re-establishing the marine hospitals at Memphis, Tenn.; Cairo, Ill.; St. Louis, Mo.; Evansville, Ind.; Louisville, Ky.; Wilmington, N. C., and Vineyard Haven, Mass., which were discontinued by an order of the Secretary issued on the 8th instant. Congress has made provision for the maintenance of the hospitals and the members desire them to be continued."

Young Churchill, the son of the late Lord Randolph, told a fellow member of Parliament the other day that he was guilty of "terminalogical inexactitude." We do not believe that Grover Cleveland could have called a man a prevaricator in more ponderous unabridged dictionary language.

Editorial Notes and Comments.

Gyneological Examinations.

We have noticed in several of our exchanges a suggestion of Prof. Profanter, of Vienna, in regard to an easy way of examining the uterus and appendages in patients where the parts are very tender. The use of an anesthetic in these patients destroys the aid given in locating tender areas, and in these it is suggested that the patient assume a half reclining position in a bath tub, filled with warm water. The hot wates relaxes the tense abdominal muscles, enters the vagina as soon as it is distended, and thus permits a more thorough examination. We have no personal experience with the method, but can well see its utility in selected cases, and suitable surroundings as well as its utter impractability in many others in general practice.

Precocious Diagnosis.

Under this heading Medicine for June, 1906, has a timely editorial dealing with the subject of early diagnosis in surgical cases. The low mortality of surgical diseases as compared with the same trouble a quarter of a century ago is due more to early diagnosis and hence early interference than to antiseptic methods now in use. A fault in present-day teaching is that students are taught to look for the fully developed disease rather than the incipient symptoms leading to it. Students should be taught the potentiality of symptoms and to fear the development of malignancy in many of the simpler symtoms in their earlier manifestations. Want of co-operation between the physician and the surgeon is the cause of many failures in early diagnosis.

The Country Doctor.

Wilson writes of this sujbect in the Journ A. M. A., May 19th, 1906, and thinks the country doctor ought to undertake more work than he usually does, and send less to the specialist. Lots of children become nervous wrecks from headaches caused by eye strains, and it is to the family physician application for relief is made. To treat them the country doctor should understand refraction work. He thinks that the physician who can make a diagnosis with certainty of appendicitis can operate, and the one who cannot operate is not a suitable one with whom to leave a case after operating. Physicians should spend $300 in equipping a laboratory, and learn to do much of the specialist's work. People are demanding more than ever of the general practitioner—is he equal to the demand?

No one physician can do the best possible work in all lines of modern medical practice, but he may do better work in every field and the best work in almost every instance. Constant work in any specialy gives greater expertness along certain lines, and better results ought to be achieved by specialists in some cases.

As we find things to-day the great mass of work done by the specialists is work that should be done at home by the family physician and at far less expense and inconvience to the patient. We need fewer so-called specialists, but more thoroughly trained physicians. They must spend more money for equipment, be capable of making the most thorough examinations, and be prepared to carry out the various

methods of treatment necessary to effect a cure.

All honor to the specialist, but hail to that type of practitioner that Carleton had in mind when wrote these lines:

In the night-time or the day-time he
would rally brave and well,
Though the summer lark was fifing or
the frozen lances fell;
Knowing if he won the battle they
would praise their Maker's name,
Knowing if he lost the battle, then the
doctor was to blame.
'Twas the brave old virtuous doctor,
'Twas the good old family doctor,
'Twas the faithful country doctor—
Fighting stoutly all the same.

The Doctor's Vacation.

All men of every colsely confined class need an occasional period of recreation, and the doctor is no exception to the rule. He is entitled to it and it should be one that is really and truly restful to him. On this subject the New ful to him. On this subject the New York Medical Journal is a recent issue gives some good advice, part of which we quote here:

There are almost as many desirable ways of spending a vacation as there are opinions and types of men. Cultivate your hobbies and follow where inclination leads. At all hazards get out of your accustomed groove and environment. A French grammar, a Baedeker guide, a sketch book, or a novel is a better companion for a time than the literature of one's working days. There are many who find that there is nothing so good as a trip to Europe on a steamer which is not too fast. We have heard of a worthy gynæcologist who has made repeated trips abroad, but who has seen little or nothing of Europe, except what was visible through a speculum. Such a man should take his vacation in the woods, as far removed from clinics and hospitals as possible. There should be some practicable method of making it a condition of good standing for a doctor past the age of forty to take a vacation of at least a month every year. We have never seen it so stated, but we are firmly of the opinion that the vacation habit is an excellent preventive of those vices of metabolism which result in arteriosclerosis."

License of Doping Doctors to be Revoked.

The magnitude of the dope evil has the attention of all thinking people, if its full extent is not fully appreciated, which we very much doubt. With its widespread presence, it would be something of a wonder if a doctor did not occasionally fall a victim to it. There are many factors in a doctor's life and work that tend towards the production of habits of drug addiction. The life is one of hardship, of mental and physical strain, of worry and harrassment. The facilities for securing stimulants are of the best, and the temptation to their use in order to tide over a depression is great. Too many doctors succumb to it; even they, of all classes, know best the consequences that follow tampering with drugs of this character. His work and the need of sustaining his strength for the time, may be some palliation for his course, but cannot be accepted as an excuse, and is not a sufficient reason for such a course. When he can no longer accomplish the task before him without resort to nerve stimulants, it is time to stop and rest.

The State Board of Medical Examnersi is to be commended for the action taken in regard to the matter at its last

meeting. A resolution was adopted to revoke the license of any physician who is addicted to the use of drugs or alcoholic stimulants to such an extent as to incapacitate him for the performance of his duties as a physician to his patients.

This is of great importance to both the profession and the public it serves, and it should be rigidly enforced in any and every instance of truth of such a charge. It is an obligation the board is under to the profession to purge it of this onus upon it, and no less a duty to the public to protect it against the dangers arising from a beclouded and befuddled brain administering medicines.

It is to be hoped that license will have to be revoked for this cause, but still it is well that the profession should be notified of the board's action.

Reformation of Social Customs and Personal Habits.

An English physician, Dr. Rankin, writing in the Cotemperary Review, makes a plea for a reformation in many of the social customs and personal habits of the public, in order to prevent so many diseases incident to nerve wreck. Breakdown of the nervous system is becoming a national calamity. All forms of nervous troubles are on the increase, unfitting for life's duties or the bearing of healthy offspring.

"It is among women that nervous debility is most rampant.

"Those who belong to the cultured and leisured classes of society," says Dr. Rankin, "are the greatest sinners. They become, especially in the earlier half of their womanhood, swept into the whirl of social ambition; and many sacrifice not only their health, but their duty to the remorseless demands of the wooden image at whose shrine they worship.

"They have neither time nor the desire for the ordinary affairs of life; domestic obligations have little claim upon their attention; they find no opportunity for the practice of the old-fashioned homely virtues; their lives become a dreary worship of Mammon and a restless search after social novelty and physicial excitement."

The Man With the Muck Rake.

The Courier of Medicine has a short editorial (June, 1906,) on this subject dealing with President Roosevelt's utterances as applied to medicine and pharmacy and makes one or two good points as follows:

"The muck raker must occasionally clear our apartments of accumulated filth—some of it has been left there by misguided physicians, some by commercial scoundrels, some by ignorant dreamers. We should demand, however, that the muck raker have good eyesight and an unbiased judgment. The broad principle, for the patient's good, must be his entire rule, but the weaknesses of humanity must be reckoned with. At all times it is well to search for some lost gem even among the muck."

To obtain the best results in cases of Colles's fracture the patient should be placed under an anesthetic during reduction.

A Billville Coroner's jury brought in a verdict to the effect that "The deceased came to his death at the hands of parties unknown, who shot him through the weatherboarding, the left leg, the right arm and the glass window."

NEWER MATERIA MEDICA.

Modern Civilization as a Factor in Causing Diseases of Women.

(By N. H. Kassabain, A. B., M. D., Coopersville, Mich.

A woman, physically perfect, is certainly a unique creature in modern times. Our civilization has contributed very extensively to the causation of female maladies which we are so frequently called upon to treat. Our modes of living and dressing exert a very deleterious influence upon the normal functions of the pelvic organs, not to mention the hepatic compressions and subsequent displacements resulting as a natural consequence of tight-lacing practiced by the most humble devotees of the temple of fashion. We are a very progressive race, taking herculean steps towards a higher civilization; but it is a deplorable fact that the more we learn the more we ignore the most fundamental laws of hygiene. The immediate effects of tight-lacing are, that abdominal and spinal muscles are seldom brought into play, so they become atrophied. The vicera are thus compressed and displaced, and the full play of the abdominal wall and the descent of the diaphragm are interferred with and the venous blood is hindered in its return to the heart. This obstruction of the circulation and the constipation from which women habitually suffer lead to a permanent dilatation of the pelvic veins, a very fruitful source of diseases of the genital organs. And again, customs demand the protection by veil and gloves from the rays of the sun, and the woman soon becomes as bleached as a well-cultivated celery stalk. As the blood needs the direct chemical effect of the sun-light on the skin an anemia is established. This state of the blood is a potent factor in the generation of all the diseases depending on impaired nutrition and entails conditions likely to baffle all medical efforts at their removal during the menstrual life of the woman.

Before the altar of fashion and so-called society our girls, while entering to puberty, have to comply with the dictates of the times and at the period of life when the young girl's whole nerve force is taxed for the full development of her organs of generation this froce is deflected by hard study, and it may be for the acquirement of some accomplishment which, in all probability, will be forgotten or laid aside after marriage. She is subjected to the emotional influences of music and light literature, which are capable of arresting the normal development of the uterus and its accessory organs.

During my travels in the Orient I have been very much surprised to see, specially among races who do not comply with the trivial demands of modern civilization as their sisters do in Occidental countries, young ladies grown to womanhood and into maturity experiencing no menstrual irregularities whatever, giving birth to children with normal labor, and through all their maternal life they do not seem to have any especial need to consult a physician. I do not dare, still I take liberty to state that modern civilization and society have immensely contributed to the creation of gynecology, and the majority of patients who make a daily pilgrimage to a gynecologist's office are the poor and pitiable victims of a misdirected and misinterpreted civilization.

There are very few maladies which we are called upon to prescribe for as much as for menstrual disorders. A thorough examination with a view of ascertaining, if possible, any malposition of the genital organs should be insisted upon. The least abnormality should have proper attention and local as well as constitutional treatment. Anemia and chlorosis should have their attention, as they almost invariably play a conspicuous part in causing menstrual irregularities. In the form of Ergoapiol (Smith), I believe we possess a remedial agent that combines the most effective ingredients with which we can combat the majority of menstrual irregularities.

Clinical observations with this preparation are as follows:

Case No. I. Miss A. B. Age 16. Parents both living and in excellent health. She has not had any serious sickness, although on account of there being a tubercular diathesis in the family the least abnormality in the functions of any organs is looked upon with suspicion and at once the advice of the family physician is sought. So when Mrs. A. B. noticed that daughter had an irregular menstruation accompanied with dysmenorrhea she consulted me in her daughter's behalf. I prescribed for her Ergoapiol (Smith) capsules, directing her to give one three to four times a day with milk for three or four days before the expected menstrual period. They complied with my directions very faithfully, and after a few weeks they reported that her menstrual disorders had been satisfactorily regulated.

Case No. II. Mrs. B. Aged 38. Has two children. Mother died from the result of an operation for appendicitis. Father living and in good health. Patient has been anemic for many years, her hæmoglobin test showing only 40 per cent. Has at present prolapse uteri to a slight degree, some perineal laceration and endometritis. Digestion is at fault part of the time, bowels constipated, ringing and buzzing in the head. Menstruates every three weeks. During the first day of the period it is very painful and flows very profusely, its duration being from a week to ten days. I prescribed for her Ergoapiol (Smith) capsules, one three to four times a day, a day or two before the expected menstrual period, to be continued until menses appears, then to discontinue the capsules for 3 days, and recontinue, commencing on the third or fourth day. The therapeutic action of the remedy was all that could be expected. The dysmenorrhea, which was always a conspicuous feature, seemed to yield after the administration of the first few capsules. She menstruated quite easily and the duration was very moderate.

Case No. III. Mrs. ——. Aged 38. Has two children, youngest 10 years of age. Lacerated perineum and cervix with its sequelæ, *i. e.* endometritis, leucorrhea, bearing-down pains in front and in the back. Uterus extraordinarily heavy and patulous. Lack of tonicity in the uterine muscles and ligaments. I curetted her, expecting some benefit from the procedure. Uterus was packed with iodoform gauze which was removed next day; but a hemorrhage still persisted for a few days, as it seemed to be due to a deficiency of contractibility of the uterine muscles. I prescribed 2 grs. of sulp. quinine in connection with Ergoapiol (Smith) capsules, one three to four times a day, preferably taken with some milk. The remedies had the

desired therapeutic action, checking the uterine hemorrhage by increasing the tone of the muscles and at the same time controlling the blood vessels supplying the endometrium.

Case No. IV. Mrs. ——. Age 39. Two children, youngest 8 years old. A sufferer from digestive disorders, anemia, and of late, while approaching menopause, she has been having considerable difficulty with her menstruations. At times very profuse and exceedingly painful and again very scant and period prolonged. Having tried a number of preparations without any appreciable benefit to her, decided to use Ergoapiol (Smith). She was directed to use a capsule three to four times a day, commencing two or three days before the expected menstrual period. After using this preparation for a little while she reported that she "had not suffered any pains or inconvenience since she began taking those capsules."

Case No. V. Mrs. ——. Age 39. Two children, youngest 12 years of age. An exceedingly anemic patient, hæmoglobin tests showing 55 per cent. Had a miscarriage recently, and after the uterus was free from any of the products of getation she continued having a profuse hemorrhage in spite of the intra-uterine douches and packing I used every day. Finally having concluded that this hmorrhage was due to atonic condition of the uterus, I ordered for herErgoapiol (Smith), one capsule, to be taken from three to four times a day. Her hemorrhage decidedly ceased in course of 48 hours and she made a very gratifying recovery.

Case No. VI. Mrs. ——. Aged 38. Married 18 years, four children, youngest four years old. During her menstruation she flows so profusely that she is frightened of a fatal termination. I prescribed for her Ergoapiol (Smith) capsules, instructing her to take one after appearances of menstruation, three to four times a day for two or three days until the menstrual flow was controlled. During her subsequent visits to my office I was very much pleased to learn that she has had no trouble to speak of with her menstrual periods while taking the capsules that I prescribed for her.

The Importance of An Active Liver.

A normal state of health is the sum total of the proper performance of the functions assigned to the several vital organs. These functions are so interdependent in their attainment of the end, that a disturbance in one is reflected throughout the entire system. With all the organs functionating in harmonious unison there is the state known as normal health. This state is departed from in the degree that one of the integral parts of the whole fails to perform properly through falling out of adjustment.

This especially holds goods in regard to the liver. The liver is the largest organ in the body, and the part it plays in the metabolic processes of the human economy is not secondary to that of other organs. A host of ailments may be directly tracted to a derangement of hepatic action. It may be accepted, that an active liver insures a fair degree of, if not perfect, health. But let there be the least departure from normal, and pronounced results are apparent. The digestive processes are so dependent upon a free liver secretion and excretion that gastric and intestinal disturbances quickly follow any interference with these hepatic duties. It thus follows

that there must be no interference with the flow of bile if health would be preserved.

The profession so well recognizes the influence of a perverted hepatic function as a factor in interfering with the regular physiological processes, that it almost instinctively turns its attention to the liver and takes steps to set it right. With the average physician it is a routine practice to administer a cholagogue, and results would seem to justify this procedure. If the liver is not primarily at fault it is affected secondarily, so no exception can be taken to this rule. For this purpose calomel, phosphate of soda and other drugs are in common use, but none has a worthier name as a cholagogue than Chionia. Chionia is the active constituent of chionanthus virginica and in the process of manufacture the inert and objectionable parts of the plant are eliminated. This agent has long been known as a valuable addition to modern drug lists and its extensive use among physicians, who get results, is evidence that it is a preparation of much merit.

It is commonly used in hepatic torpor, a condition calling for direct stimulation of the liver cells. It stimulates the cells in an efficient manner, producing a healthy secretion of bile and aids in its discharge into the intestinal canal. In jaundice it ameliorates the condition by providing a normal flow and securing an outlet for the bile pigment. It is valuable in constipation, not through any purging effect, but by its influence on the liver. In chronic constipation it is of particular efficiency. The ordinary dose of Chionia is one or two fluid drachms three or four times a day.—*The Medical Mirror.*

Diabetes.

From treating a great many patients with diabetes mellitus with papine I have the experience that I have yet to see a patient that could not stop taking the papine at any time I so directed him. It does not seem to cause the least desire for its continuance or to create the least disposition to the formation of a drug habit. This has proven itself to me on several occasions when I have had occasion to administer the drug for six or more consecutive months and the patient to be able to stop at the end of that time with no bad effects or symptoms, which would surely have occurred had I prescribed opium or any of its preparations commonly in use to-day. With that reputation at its back, I use it more and more promiscuously to-day than ever before, and am always pleased with its results.

Extract from an article on "Treatment of diabetes mellitus," by Dr. J. W. Pearce, of North Carolina, in *Medical Brief.*

The New Pharmacopoeia.

The eighth decennial revision of the United States Pharmacopœia, which was due in 1900, became official on September 1, 1905. A number of articles considered obsolute have been dismissed, and nearly an equal number of new substances have been added. An effort has been made to bring tinctures to a uniform 10 per cent. strength, while drugs containing alkaloids must be assayed and brought to a standard before being dispensed. Among the important additions are cocaine and Coca Wine, the recognition of the latter endoring a flattering rtibute to M. Mariani, who was the originator of this preparation, which has only now been made o cial.

Coca leaves, according to the U. S. P., must contain 0.5 per cent. of ether soluble alkaloids, by weight, and Fluid Extract of Coca must contain 0.5 grammes of ether soluable alkaloids, by weight, in each cubic centimeter. That means cocaine. Nothing is said of the several other alkaloids contained in Coca which are not soluble in ether. Surely great bodies do move slowly. Cocaine was discovered nearly fifty years ago, and it is an equal number of years ago that M. Mariani first introduced Coca Wine to the medical profession.

Notwithstanding the fact that "Vinum Cocæ" is now official, physicians who desire the original preparation must clearly specify Mariani in order to obtain the results which have for years been advocated as due to Coca—made available to Vin Marini.—*The Coca Leaf*, September, 1905.

Physicians who prefer to encourage the process of digestion rather than to resort to artificial aid claim that Seng gives most satisfactory results. Seng acts purely as a secernant to the secretory glands of the alimentary canal; and panax ginseng, the root from which it derives its physiological action, has been used for centuries by the Chinese for stomach and all other troubles. Of course, many claims made for it by the Chinese are ridiculous, but it has a specic stimulating action on the secretory glands is generally conceded.

Sanmetto vs. Substitutes With the "Same Formula."

I have used Sanmetto in cases of catarrh of the bladder and enlargement of the prostate gland with great success. In fact, I never saw anything so near a specific. Henceforth I will not be without Sanmetto. Saw-palmetto substitutes with the "same formulæ" do not act nearly so well. I therefore with pleasure recommend Sanmetto to the medical profession.

J. L. Sammons, M. D.
Calis, W. Va.

Battle & Co. of St. Louis, Mo.,
Have just issued the tenth of their series of twelve illustrations of the Intestinal Parasites, and will send them free to physicians on application. Drop them apostal, Doctor .

St. James Place,
Goshen, N. Y., June 4, 1906.
Laine Chemical Co.:

Enclosed please find 75 cents in postage stamps, for which I desire a bottle of Sulpho-Lythia.

I regard the product indispensable to my comfort. I am afflicted with a gastric trouble and use a full teaspoonful of modicament, dissolved in about a quarter of a glass of hot water before breakfast every morning. The effect of it is to cleanse and sweeten the mouth and stomach, and give me a comfortable send-off for the first day meal. I am retired from practice, so I cannot abet the merits of your product as it deserves.

Sincerely yours,
(Signed) John H. Thompson, M. D.

When the openings of the Bartholinian glands appear as two sharply defined red spots, an antedating inflammation may be diagnosed with certainty, and in a great majority of instances a latent gonorrhea is present.—Am. Jour. of Surg.

MISCELLANEOUS.

Scientific Reassurance.

Shortly after the appalling seismic disturbance at San Francisco, the air was thick with prognostications of subsequent visitations of a similar nature to St. Louis. The following was overheard on a street car, two colored gentlemen being the "argufyers." Said the first one: "The conglomeration of the hypothenuse has differentiated the consanguinity of the perpendicular and the centrifugal forces have coincided with the neutral axes.

"But suppose the eccentricity of the aggregation transubstantiates the impecuniosity of the perpendicular and sublimates the perspicuity of the hypothenuse, what prevents the dynamic influence from changing the sun into a moon?"

Now, in the face of such an argument why need we fear? Isn't is very evident that our village is not in the path of mother earth's chills and shivers?—*Medical Mirrow.*

Boil "Pointers."

One of the strongest "drawing" applications is prepared by stirring common salt into the yolk of an egg until a thick paste results. This is spread thickly on the boil and covered with a light bandage. It may be washed off twice a day and renewed.

Cheese is apparently a direct cause of furunculosis in certain susceptible individuals, and should always be specially excluded from the diet of those suffering with this eruptive trouble.

Boils are apt to occur in successive crops or in single lesions in those who are gouty, rheumatic, or disposed to diabetes. Hence the diet applicable to these conditions may be enforced. Especially should sugar be excluded, as this is an admirable culture medium for the pus producing organisms.

The tendency to recognize boils as strictly a skin affection is undoubtedly wrong; for systemic impoverishment certainly plays a major role in many cases; hence such tonics as cod-liver oil, iron, arsenic, phosphate of codium and strychnine are indicated.

Sulfurate of calcium hastens the maturation of boils, and tends to prevent the development of new lesions; but, according to Dr. Ringer, who originated the theory of its employment in this affection, it is of no service in many cases of diabetes. It is administered in 1-10 grain doses every five hours.

Taken at the very inception, many boils may be aborted by hourly applications of collodion, until a firm contractil coating is formed. If pus forms, despite these efforts, it is often absorbed; but if it resists absorption, it may be evacuated in the usual manner.

Silver nitrates, in solution of 20 grains to the ounce, painted over the tender area, is also of service in the beginning boil.

Oil, laudanum and belladonna should be ingredients of every poultice applied to assist in the development of a boil; they relieve pain to an appreciable degree and hasten the maturing of the sore.

When the external ear is the site of boils, much of the agony may be removed by continued irrigation with hot water. After the irrigation, an application of the following ointment will relieve pain and tension:

Iodoform	4 grains
Menthol	2 grains
Vaseline	1 dram

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DOSE: One to four pillets three times a day
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This is the one location where early and free incision does much good and is to be advised. Even if pus has not yet been formed, the tension in the canal is relieved by the escape of the blood. On account of the impossibility of rendering the canal anything like aseptic, reinfection and consequent reformation of foci of pus may be expected after incision. An evaporating lotion of camphor and alcohol is of benefit in the early stages of a boil.

Absorbent cotton saturated with chloroform and bound on the painful area under an oiled silk dressing, will abort some boils in the early stage.

It is always better to cause the boil to rupture by poulticing than to open it by incision; there is much less danger of a return of the lesion than when the bistoury is used.

Ohio is complaining of the large number, and the audacity, of her quacks.

Life in New York.

Every 40 seconds an immigrant arrives.

Every 3 minutes some one is arrested.

Every six minutes a child is born

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—*New York Tribune.*

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Who wore barn-door trousers?

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What has become of the old-fashined

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woman who kept a bodkin in her work basket?

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What has become of the old-fashioned people who poured tea in the saucer and blew on it to make it cool?

Who drank sassafras tea in the spring to purify their blood?

Who had to learn to like tomatoes?

Who saved old rags to trade off to the tinware peddler?

What has become of the old-fashioned novelist who always described heed novilist who always described heroines as having dark auburn ringlets hanging down their alabaster necks?

Of the old-fashioned elocutionists who read "Widow Bedott Papers" at entertainments?

Of the old-fashioned little girls who wore long nankeen pantalettes?

Of the old-fashioned women who gave catnip tea to babies?

Of the old-fashioned young men who greased their hair with bear's oil, scented with bergamont?—*St. Louis Post-Dispatch.*

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MEDICAL NEWS AND ITEMS.

In the city of Lima plague has gained ground lately.

A severe epidemic of meningitis is reported from Franklin, Va., a town of 2,000 inhabitants.

Dr. Austin Flint, professor of physiology in Cornell University Medical College, has tendered his resignation.

India is suffering severely from plague, which during the past month has increased rapidly in nearly every province.

Drs. A. T. Crowell and E. Reid Russell, of Charlotte, are spending three months in Europe.

Sacramento, the capital city of California, has a city law that forbids the sale of medicines in the streets.

A case of yellow fever has been reported from Matanzas, the diagnosis being conrmed by autopsy.

The licensing of osteopaths in the State of New York as embodied in a bill which passed the Senate failed to pass the Assembly at a recent session of the Legislature.

Plans have been prepared for a six-story fire-proof building which it is expected the Philadelphia Medico-Chirurgical College will erect at 122 to 139 North Eighteenth street.

Dr. Jokichi Takamine has been decorated by the Mikado with the Fifth Order of the Rising Sun in consideration of his researches and discoveries in applied chemistry.

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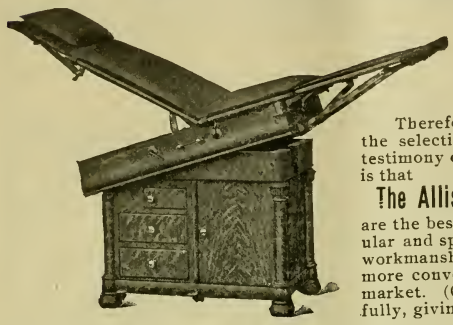

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Typhoid fever is still rampant at Pittsburg.

"American Practice of Surgery" is the title of a new treatise in eight volumes, announcement of the early publication of which is made by William Wood & Company. The work is edited Drs. Joseph D. Bryant and Albert H. Buck, and the contributions are all representative surgeons of this country and Canada.

The physicians of Milwaukee are, says an exchange, complying with the law passed last year, requiring a report to the health department of every accident which resulks in incapacitating the injured from pursuing his vocation for two weeks or longer. An average of 175 cases a month has been reported thus far this year.

Professor Adamkiewicz, the inventor of the cancer "cure" termed "cancroin," has published a pamphlet under the fanciful title of "Der Krebs und die 'Goldene Statue,'" in which he complains bitterly of the inappreciation of his critics and the injustice of their attacks upon hm.

The German authorities, says an exchange, are discussing with favorable consideration the plan of sending a number of working people with mild forms of tuberculosis to German Southwest Africa instead of caring for them in sanatoria at home. The climatic conditions are said to be ideal, and by this plan they will be given a thorough test. The committee in charge of the temporary colony includes Kirschner and Katz, of Berlin.

According to a recent monthly report of the Board of Health of the Philippine Islands, the number of lepers now living in the archipelago is 3,683. They are scattered through the various provinces. Cebu, which has 675, heads

the list, but only one province is wholly free from the disease.

Work is to begin immediately on the extermination of mosquitoes in New Jersey. Governor Stokes, on April 26, signed the Brown mosquito bill which passed the Assembly and Senate some weeks ago. The measure provides for the appropriation of $350,000, or $50,000 annually for seven years, to be used in fighting the insects.

Recently the 115th annual meeting of the City of London Lying-in Hospital was held. In a review of the work done by this institution it was pointed out that since its establishment 65,000 children have been born under its roof, while during the past thirty years no less than 45,596 mothers had been attended in their own homes by hospitals authorities.

Dr. J. A. Williams has moved from Reidsville to Greensboro, N. C., and will pay particular attention to surgery and gynecology.

The reports from San Francisco state that while most of the private hospitals and some of the down-down institutions of larger size were destroyed by the fire which followed the earthquake many others escaped. The Cooper Medical College and the Lame Hospital connected with it were only slightly damaged and escaped from the fire. The medical department of the University of California and the Children's Hospital were not seriously damaged.

The code of medical ethics has, says the *Medical Record*, been declared by the Medical Society of the State of New York to be merely a suggestive and advisory guide, and it therefore remains, as during the past quarter of a century, of no binding force in that State. This conclusion was reached by the substantial maority of 3,110, there being 3,307 affirmative to 197 negative votes. Of the 6,352 members of the society to whom the referendum ballots were sent, more than 2,800 refrained from voting.

The Health Department of the City of Chicago estimates that the establishment of the superior drainage system by means of the celebrated drainage channel flowing into the Mississippi river current, and which has been in operation for the past six years, has saved in that time mentioned upwards of 5,000 lives in the municipality. The statement is based upon the mortality from impure water diseases for a period of four years preceding the opening of the drainage canal, and for the six years since that event.

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In an action at law recently brought by Messrs. Sander & Sons, Bendigo, Australia, at the Supreme Court of Victoria, and tried before His Honor the Chief Justice Sir J. Madden, K. C. M. G., L.L. D., against a party who tried to foist a eucalyptus preparation upon the market in a similar package to that in which the genuine "Sander & Sons' Eucalyptol" is contained, thus practising the grossest form of substitution, it was shown that his imitation was a crude, unrefined eucalyptus oil, containing all irritating substances and possessing no antiseptic power whatsoever.

His Honor the Chief Justice of Victoria said with regard to the genuine "Sander & Sons Eucalyptol" that whenever an article is recommended by reason of its good quality, etc., it is not permissible to imitate any of its features, and he granted a perpetual injunction preventing the defendant party from so doing.

There are many degrees between an absolutely inert and injurious article, and one which was proved by expert witnesses at this Tribunal of Justice to be absolutely pure and scientifically standardized, viz: the genuine "Sander & Sons Eucalyptol." But mediocrity has no place in medicine and only the best and most reliable article will make and maintain the doctor's reputation.

Thus the necessity for observing strictest adherence to most scrupulous discrimination in securing an approved product is once more convincingly substantiated by the foregoing and furthermore strengthened by a report which Dr. Owen made some time ago to the Medical Society of Victoria. The doctor states "that a child living at Fitzroy, a suburb of Melbourne, became most seriously indisposed through the use of eucalypt." The number of inert and even injurious products of eucalyptus has, since this report is made, rather increased than otherwise, and so we find precaution now even more indicated than ever before. Therefore, please specify "Sander & Sons Eucalyptol" when prescribing.

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BOOK REVIEWS.

THE GENERAL PRACTITIONER AS A SPECIALIST. By Dr. Albright, Philadelphia, Pa. Price, $3.00.

In our review of this interesting book is our May number, the types made us say "issued in 1894." This should have been 1904, and we take occasion to make this correction.

TRANSACTIONS OF THE AMERICAN ROENTGEN RAY SOCIETY. Sixth annual meeting Johns Hopkins Hospital, Baltimore, Md., September 28, 29, 30, 1905.

In no branch of the medical science is greater progress being made than in the field of X-Rays. It has risen during the last few years from a very limited and inexact field of usefulness into a wide field of application. The facts gleaned from reading the papers published in the transactions are a revelation to those who have not kept up closely with this advance.

PRACTICE OF MEDICINE. New fourth edition. By Prof. James Tyson, University of Pennsylvania, 1906. P. Blakston & Sons, publishers, Philadelphia.

This, the fourth edition of the Practice of Medicine by the eminent clinician, Professor James Tyson, maintains the high standard of those which have preceded it. Numerous minor changes, a number of new illustrations, along with a review of the section on Annual Parasites, place this volume to date with recent medical thought. Being so widely known and appreciated as a standard authority Tyson's Practice

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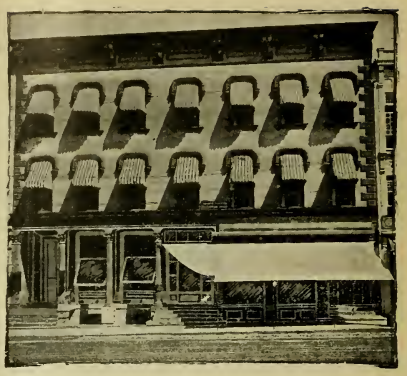

calls for no extended comment upon its merit; it is one of the classics in this department of medicine and will remain so for time to come. This edition will no doubt be as promptly exhausted as have those which have been previously issued. We hope the author may live many years and continue to give us valuable thought from the mine of his rich classical experience.

The paper, binding, cuts and illustrations are of that excellent type which always come from the press of the Blakistons.

The leading article in the June number of the Annuals of Surgery is an exhaustive article on the Affections of the Thyroid Gland, by Beilby. This being the last number of Volume 43 reminds the reviewer that among the most highly valued books of reference in our library are the bound volumes of the Annuals of Surgery.

Bovee's Gynecology. The practice of Gynecology by eminent authorities, edited by J. Wesley Bovee, M. D., Professor of Gynecology in George Washington University, Washington, D. C. In one very handsome octavo volume, containing 838 pages, with 382 engravings and 60 full page plates in colors and mono-chromo. Cloth, $6.00, net; leather, $7.00, net; half morocco, $800, net. Lea Brothers & Co., publishers, Philadelphia and New York, 1906.

This is the first of a series of three companion volumes dealing respectively with Gynecology, Obstetrics and Pediatrics, and jointly, covering this whole

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The May number of the Annuals of Surgery is largely devoted to the study of hernias, the kidneys and ureters. There is an especially interesting article on the ureteral calculus, by Dr. John H. Gibbon, a review of the same will be found under "Abstracts." Besides the eleven original articles, the transactions of the New York, Philadelphia and Chicago Surgical Societies are very interesting and instructive.

CONSUMPTION. Its relation to man and his civilization; its prevention and cure. By John Bessner Huber, A. M., M. D., Fellow of the New York Academy of Medicine; member of the National Association for the Study and Prevention of Tuberculosis; Visiting Physician to St. Joseph's Hospital for Consumptives; Member of the Advisory Board, the New Mexico Cottage Sanatorium, etc. Philadelphia and London: J. B. Lippincott Company.

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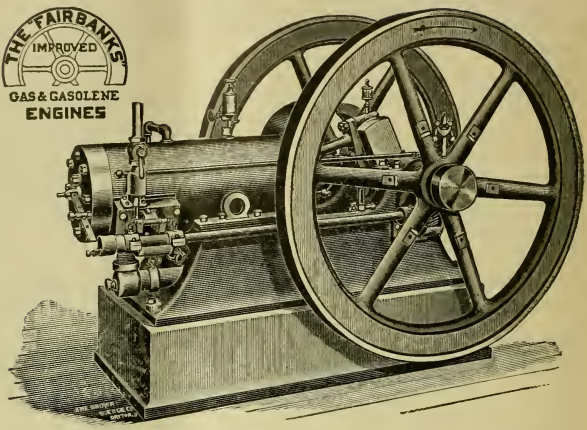

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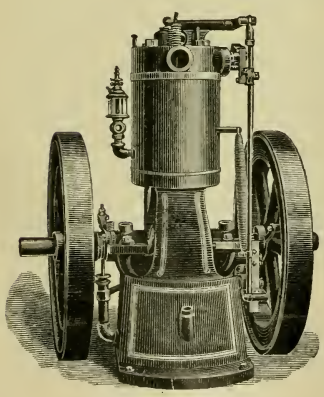

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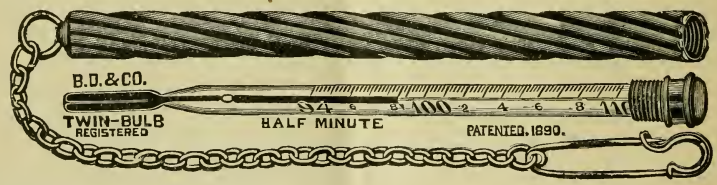

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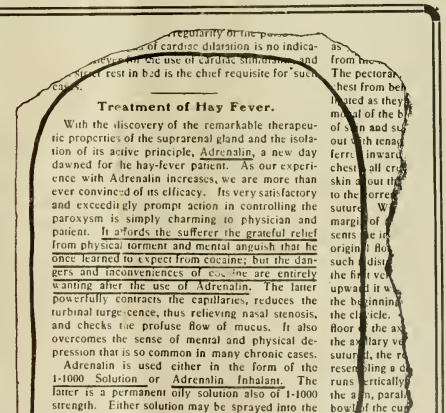

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Ligature of the Hepatic Artery.

After stating that the anatomy of ... and dom... ...permit results of ... ...ed to surgical re...

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ORIGINAL COMMUNICATIONS.

Clinical Report of a Case of Cyst of Pancreas and Interstitial Pancreatitis.

(By R. L. Gibbon, M. D., Professor of Surgery N. C. Medical College. Member Surgical Staff Presbyterian Hospital, Charlotte, N. C.)

M. P.—a farmer aged 60, was referred to me by Dr. I. W. Faison, as a case possessing some features of interest from a diagnostic surgical standpoint.

The patient had suffered an attack of what was supposed to have been hepatic colic, some 8 or 10 months prior to coming to the hospital. and shortly after this attack had noted an enlargement in the epigastric region—in most respects the history was indefinite and gave very little clew to the diagnosis.

On physical examination the man showed considerable emaciation, having lost 40 pounds in weight—a mitral regurgitant murmur was present but the kidneys were healthy—a mass could be seen and felt midway between the ensiform cartilage and the umbilicus. This mass was firm andslightly nodular to the touch—the aortic pulsations were transmitted to the tumor in a marked degree but other indications of an aneurism were lacking.

Naturally the question of diagnois took in the possibility of a tumor or tumors of the liver and gall-bladder; malignant disease at the stomach or mysenteric glands; aneurism of the abdomenal aorta and disease of the pancreas.

Read before the Mecklenburg County Medical Society.

No positive diagnosis was made either by myself, or several colleagues who saw the case with me. On opening the abdomen the tumor was found to be retroperitoneal and to contain fluid—it was very firmly attached to the surrounding structures, which effectually prevented any attempt to trace it to the point of origin. The fluid was drawn off and the opening enlarged, when in addition to more fluid, a mass of sago-like material escaped, resembling so closely a partially digested meal, that it was only after inserting my finger and finding an irregular cyst wall without communication with other organs, I became thoroughly convinced there was no connection with the stomach.

A post-operative diagnosis of pancreatic cyst being made, the cyst wall was stitched to the margin of the incision in the abdomen and the cavity drained in the usual manner. As the cyst was a unusually large one and very adherent its cavity was drained for some months, when it having gradually closed in drainage was discontinued and it was allowed to heal. The discharge was pancreatic fluid and highly irritating to the cutaneous surface of the wound. The patient rapidly regained his health and continues well up to the present time, now a year since the operation.

The second case to which I call your attention was seen with Dr. W. O. Nisbet, to whom he had applied for a troublesome indigestive and general neurasthenic condition. The patient was about 40 years of age, a railroad engineer, and had been working long hours for several years before failing health compelled him to lay off. He had lost a good deal of flesh and complained much of dyspeptic symptoms. The neurasthenic element was quite marked in this case. On physical examination a mass could be felt lying transversely just above the umbilicus—the more prominent part being to right of median line. The usual stomach tests had pretty well eliminated the presence of a maglignant growth of the pyloris, but the question as to whether or not the tumor was connected with the liver, was not so readily put aside. In fact a provisional diagnosis of ptosis of the liver had already been made, because it seemed possible to trace a continuous connection between that organ and the tumor. Besides the patient presented some other symptoms of hepatic displacement. This idea was later abandoned however, and in the opinion that we had a tumor or an enlargement of the pancreas to deal with, an exploratory operation was advised and readily accepted. An incision in the abdomen showed the correctness of this view, and a hypertrophied pancreas was found. There was no tumor, but a uniform enlargement of the organ. This case made a rapid convalescence from the operation and for a time gained flesh. The neurasthenic symptoms also abated temporarily—later however, he suffered an acute recurrence of his neurasthenia, which was so severe as to necessitate his going to one of the State's hospitals. How much the nervous symptoms in this case depended upon the pancreatic disease it is difficult to say. The pancreas did not noticeably increase in size during the time the patient was under observation some 6 or 8 months. I regarded this

as a case of chronic interstitial pancreatitis.

Our knowledge of diseases of the pancreas is of comparatively recent date, and the following list will be found to about cover the pancreatic diseases as laid down in the later text books.

Hemorrage in the pancreas and its vicinity—disseminated fat necrosis—suppurative pancreatitis—hemorragic pancreatitis—necrosis of pancreas—chronic interstitial pancreatitis—cysts of pancreas—solid tumors of pancreas—calculus of pancreas.

Of this list cysts of the pancreas are of greatest interest as being most common and as affording a better chance of relief by surgical means.

The usual forms of cysts are those of retention cysts of ducts, proliferation cysts (cystadenoma) and cysts following digestion of hematomas or as a result of degeneration of the pancreas. It is of course apparent that most of these distinctions cannot be made prior to opening the abdomen and many of them could only be determined post mortem.

A more practical question is the relationship these cysts bear to the surrounding organs, as being retroperitoneal they must push their way forword crowding aside, or pushing between the liver, stomach and transverse colon. It is this relation of the cyst to neighboring organs that sometimes makes its exact diagnosis a matter of great difficulty.

In the first case reported, the cyst had pushed in between the stomach and transverse colon.

Cysts of the pancreas usually occur about middle life, and effect either sex indifferently. They may be of any size. The contents is an alkaline fluid S. G. 1010 to 1020—sometimes clear and sometimes stained with blood—the fluid usually contains one of the ferments but this may not be the case in old cysts. The epithelial lining of the cyst wall is destroyed, which makes it possible to cure the cyst by simple drainage—as for the symptoms, there is loss of flesh, digestive disturbances and pain—the latter a very constant symptom. As the cyst grows there are of course all kinds of pressure symptoms. The diagnosis is sometimes facilitated by distending the stomach and colon with air and observing their relationship to the tumor. Usually however, it is possible only to diagnose the presence of a retroperitoneal tumor, which is sufficiently accurate so far as treatment is concerned.

Regarding the treatment it is entirely surgical. Medicine is utterly useless. Many of the cases reported were opened and drained without arriving at an accurate idea of their nature.

As soon as the abdomenal cavity is opened it becomes apparent that we have a retroperitoneal tumor containing fluid. The general cavity being carefully protected by gauze packing the reduplication of the peritoneum is torn through and the tumor may be tapped before incised. After cleaning the cyst cavity the wall is stitched to the margin of the abdominal incision and good drainage provided for. It is considered a risky practice to attempt the enucleation of the cyst unless it is very movable or has a well defined pedicle.

Post Operative Leucorrhea—Possible Causes and Treatment.

(By Dr. C. M. Strong, Charlotte, N. C.)

To any one who has done much surgical work on the reproductive organs of women this subject must appeal.

The subsequent, history of Ovarian Tubal, and even Supra Vaginal Histerectomy almost invariably show some form of this trouble, and like Bancos Ghost, wont down.

I for a long time dismissed these cases with some antiseptic wash, and abundant advice and a flattering prognosis, which alas did not materialize. This fact caused me to study these cases more fully, and has brought me to certain conclusions; which are not complete by any means, and I hope by drawing your attention to them that you can enlighten the subject more fully.

1st. *Conclusion*—We should prepare our patients by telling them that a leucorrhea will possibly follow an operation.

2nd. *Conclusion*—In order to cure these cases we must find the cause. While I have not always done this, yet in a few cases I have removed it and cured them.

I will give you my theories for what they are worth. I have found some of these cases are preventable, some amenable to treatment, and some are not. Also found about the same symptoms present. The symptoms usually come on from 3 months to 1 year and this symptom is a more or less persistent leucorrhea—ichorous, and offensive; this may be accounted for partially only from the fact that they usuall consider themselves cured, and are careless about cleaning themselves, hence we should always advise douches for some time after operation.

But in spite of these as I have noted in several cases this objectionable sequalae has continued. I have noted several causes for this condition and to better explain them will cite a few representative cases.

Mrs. B., aged 22, was operated on 2 years before seeing me again for double—ovarian dermoids—good recovery, fine health. Ten months afterwards was troubled with profuse leucorrhea, offensive, ichorous. This continued in spite of continued and frequent saline antiseptic douches. On examination uterus showed atrophy. no tenderness or peri uterine trouble. Cause I believe was a presenile endometritis because the uterus did not throw off the detritus at each menstrual epoch, and this retention sets up this endometretis. This same condition is noted after menuopause. Treatment, curettage, and swabbing out with carbolic acid, 1 part, iodine 2 parts, and douch of creolin. Six months after: no return.

Another case—Miss A., age 18, operation 3 years ago double pus tube, 3 months after had the same form of leucorrhea, used same treatment, but only partial relief. Cause in this case I believe was due to the fact that the tubes were tied off from uterus, instead of being totally obliterated. That is by making an incssion into the cavity of uterus and taking all of the tube out, for I believe in most of cases infection, it extends into the body of the uterus and this keeps up the leucorrhea. This class is preventable, provided we thoroughly curette and disinfect the uterus at time of operation.

Another case—Mrs A., age 42, 18 months ago, operation for multiple interstitial fibroids, in which a supra vaginal hysterrctomy and ovariotimy was done, returned 10 months after with a very troublesome, offensive leucorrhea. It was the peculiar white of egg, visid, indicative of cervical trouble. Examination showed enlarged cervical glands. Treatment, scarrifying and deep burning with Thermo Cautery, which by the way I have found to be a very effective treatment for cervical catarrh. Cause: This was an uncured case of cervical gland infection. This treatment was successful in this case.

Mrs. S., age 41, operated upon 12 months ago for multiple interstitial fibroid and ovariotomy, came back in 5 months with same story in her case. The discharge was more serious but was foetid. Examination showed large soft os, glands normal. Cause: I remember having had trouble tying off the panpiniform plexus leaving a haematoma on left side. I think I tied off the venous system too well in this case produced a chronic stasis and leucorrhea. Treatment has been disappointing.

Final conclusion—I don't think we pay enough attention to post operative symptoms.

2. We should warn patients of their possibility.

3. We can prevent some of them.

4. We can cure some of them.

5. We can help some of them.

6. The text books are silent about them.

7. There are enough good operators present to offer some other explanation and help to make our patients stay cured, or possibly, I am the only one who has these unpleasant sequalae.

The End Results—Mental, Physical Psychis, Following Ablation of Certain Organs and Structures in the Human Body. A Critical Review of 1,250 Operations.

(By J. Ernest Stokes, M. D., Salisbury, N. C.)

When the Creator spake and man sprang into existance, there stood forth in creation a mystery—marvellous, wonderful, sublime, in its complex and interwoven structures of body, mind, and spirit! A mystery that only a God could have created! A mystery so great that thousands of years afterwards we hear the Psalmist cry fearfully and wonderfully are we made!

Glorious indeed must have been this human body as it came forth fresh from the hand of the Creator, with all its various tissues, structures, organs and systems, in perfect condition and relationship. The instrument of a thousand strings with each string attuned to vibrate in perfect harmony with its fellow! But man sinned and the curse fell, and with the curse came the blight. The thousand strings no longer vibrated in perfect harmony and accord. The delicate, organs and systems became the seat of disease, and each organ not only suffered injury or death to itself, but imparted them to other and distant organs, sometimes threatening the death of the whole. Then again, in the history of the human race, was heard that same voice that had called man into existence, saying, "if thy right hand offend thee, cut it off and

cast it from thee!" Hence just as invention follows necessity, so has surgery come into existence to meet the diseased conditions of the structures and organs of the body, and it is brought before us clearly, in all its manifold responsibilities, demanding and exacting precision acumen and sagacity of decision, with a quickness of execution on the part of all who attempt successfully its practice. With these demands ever present, the question readily comes before us, how can we be best prepared to meet and overcome them; overcome them in so direct a manner that the amount of work accomplished, and the final results obtained will demonstrate that even apart from the medical centres, surgical attainments of the very highest order can and do exist.

To accomplish this, however, will require more than a strong head and a ready hand; adequate and appropriate training should be the stepping stone. On this point a prominent surgeon has to say: "Only those should practice surgery who by education in the laboratory, in the dissecting room; by the bed-side and at the operating-table are qualified, first to make reasonably correct deductions from subjective and objective signs; secondly, to give sound advice for or against operation; thirdly, to perform operations skillfully and quickly, and fourthly, to conduct wisely the after treatment." Notwithstanding such self-evident facts and in direct opposition to such necessary and indisputable requirements, too often do we see solely the conscience of men and the enlightenment of a community decide who is qualified in surgery and even to what lengths he is justified in proceeding in the practice, irrespective of training or attainment.

It is easy to understand that the layman may not understand or realize to how great extent the gravity of surgical interference may vary, or fails to place the proper valuation on skill attained only by long training and broad experience. He is simply governed in his choice of a surgical adviser through association or preference, even more personal acquaintance. Many times does one hear of the patient and family having consented to an operation on the condition their family physician should perform it, even though that physician may have no surgical inclination or aspiration. The laity base their selection of a surgical consultant often simply on results independent of the actual lesion to be contended with. Thus a man totally lacking proper training and experience may do an amputation or operate for some stray or indefinite pain, which results in recovery of the patient, and consequently stands out in the eyes of the community, as a far safer and more desirable consultant than the surgeon of experience and training who happened to operate next door on some acute abdominal emergency, or advanced carcinomatous condition, say of the uterus, which resulted fatally. Even though in the first instance the amputation might have been avoided and the pain ignored; while in the latter the surgeon's sole duty had been to give the patient unselfishly, the benefit of the one and only hope for life.

In addition to the proper education and training, personal experience and skill, the natural apitude of a man should be a potent factor in qualify-

ing him to take up surgery as a specialty.

The physician is a minister of great ideas requiring proficiency, patience, perception and painstaking efforts in research. The surgeon is ever a servant of tyrannical duties, of arduous achievements, demanding strength; decision, even to the point of obstinancy; foresight and other mental powers far beyond mere manual skill. The greatest good to the greatest number can only accrue through the combined efforts and labors of both. Unquestionably they should labor hand and hand, though neither one should allow his field of activity to extend beyond his specialty, into that of the other. It is just as incumbent upon the surgeon to give up to the phsician his medical practice, as it is that the man doing medical practice should turn over to the surgeon all cases surgical. The work in this way will be centralized where environment and surroundings are better conductive to success and where the good results which can only be obtained through training, experience and skill may be so grouped and may so multiply in number as to stimulate and arouse the community at large.

The sphere of surgery is rapidly expanding and pathologic conditions are becoming so much eariler recognized in their period of growth and development, that the ability and skill to cover the entire field of even the speciality of surgry itself are vouchsafed to a very few operators of to-day. It is true that the majority of surgical interventions are safe and easy; the mortality—excluding acute abdominal emergencies and certain brain lesions—is low. Yet to decide whether an operation is justifiable is indeed in itself a grave responsibility, and owing to this expansion of surgery and that pathologic conditions are seen much earlier than formerly, it is becoming daily more and more difficult to decide correctly and wisely for or against operative interference in many instances. To decide correctly on the one hand whether surgical intervention is indicated or necessary; or on the other hand whether it may not be contra indicated or unnecessary calls for the most careful and consciencious study on the part of every operator.

The responsibility of the surgeon is indeed great, not only to his patient but towards retaining the confidence of the laity. The failure of an operation either by incompleteness or death reaches far beyond the loss of a life. For a community understanding an operation to be dangerous or having been accepted by a patient as a last resort, is generally lenient when failures occur; but in those cases where there is reasonable doubt of the justification of the operation, where the patient appears to the community as being in good health and the operative intervention be followed by failure, then it is that the community is obstinately unforgiving, and surgery received a set-back which not only impedes its progress, but discourages and turns many an urgent case against a justifiable intervention. These are the instances which demand that the surgeon shall ever maintain in addition to his ability and skill a close study of his records, an eternal vigilance, from which springs the power to grasp the essential features of each individual case, and thus formulate almost invariably a correct decision, for the better-

ment of his patient and the advancement of surgery.

The following observations of The End Results, Mental, Physical and Psychic, following ablation of certain Organs and Structures are based on conclusions personally drawn from 1,250 operations occuring at the Private Sanatorium, Salisbury in this State. These cases cover a post-operative period of more than six months, as no case has been considered in which the post-operative canvalesence has not extended over at least that lngth of time.

The mortality, occuring in this series of cases was 6.4 per cent. It is only fair, however, to add that the death rate has been made on the same basis as that used by the Mayo brothers in their gall-bladder records, namely, that if a patient entered the hospital alive, was subjected to an operation and came out dead, the death was accredited to the operation. Thus in one instance a patient succumbed suddenly from a pulmonary embolism, on the fourteenth day, following a hysterectomy. Though the convalesence had been absolutely uninterrupted; the temperature never above normal, and at no time up to the moment of her death had there been the slightest untoward symptom. Another death occurred twenty-one days after operation from acute nephritis following removal of a suppurating appendix. While still another patient succumbed to shock following operation for ruptured spleen, after having ridden a number of miles in an erect position in a buggy. This list also contains the deaths folowing "The Operation of Last Resort" in the advanced stage of either the delayed or unrecognized cases of septic peritonitis. In one series alone of fourteen consecutive appendectomies, nine were drain cases with more or less septic peritonitis. The aim in presenting this list of fatilities is not to indicate in the slightest the mortality incident to any special class of surgical cases, but simply to indicate the gross mortality occuring in the institutional work.

Mental Results.

Though a temporary confusion of ideas to a varying degree, is not infrequently found following surgical intervention, the state of mental aberration or actual insanity occuring as a surgical sequalae always produces consternation and resentment. Fortunately it is an extremely rare occurance, in comparison to the whole number of operations and still more rare in comparison with the whole number of insane. Nevertheless that it does occur should make every operator observant and vigilant towards detecting any manifestations previous to the surgical intervention, and thus be able to warn those interested in the patient. For it is a sequala, which may frustrate the aim of the operation; appall the family and friends of the patient and bring an odium upon surgery which will be hard to eradicate.

It is far beyond the writer to discuss the relations between the casual factors and alienation of the mind following surgical precedures, save to call attention to several purely clinical facts. It has been noted by an eminent writer "That the lower we go in the animal scale, the more important the visceral impulses seem to be in determining the actions of the individual. But in the normal, healthy individual these are kept in the back-ground,

whereas during disease the organic sensations may become so prominent and insistent as to be important in determining action."

Thus the state of alienation succeeding an operation may be wrongly attributed to the surgical interference, when in reality, if the actual condition of insanity did not ante-date the operation, a strong predisposition did.

The possible casual factors concerned in a case of post-operative insanity are innumerable, the physical condition of the patient; the neurotic tendencies, the great fear and apprehension of the anesthetic; the nature of the operation at that especial time; the kind of surgical dressings used; the after treatment, especially with that cruel and senseless witholding of water for hours and hours, and finally the drugs administered.

The question of absorption in septic cases, and the toxic influences, in those cases where the area of operation can not be rendered thoroughly asptic, as the vagina, rectum and genito-urinary tract should be borne in mind as possible factors. Sex does not seem to be a potent factor; the statistics varying greatly on this point.

In the series of 1,250 operations there were four occurances of alienatino of the mind. Three of these proved to have had marked predisposition to insanity; while the fourth, a septic case has made a complete recovery.

Regarding the remote end results, from 380 cases, of several years back, I find, from personal communication, taken at random, the mental condition unaffected. In fact without exception the general reply was unaffected or improved. This latter of course attributable to improved health and improved condition.

Physical and Psychic Results.

The remote physical condition of a patient, as a post-operative sequalae may appear so self evident to many of the profession as to be thread-bare and lacking in value, or interest; but it is not so with the laity. It is an inquiry not infrequently made. For, with the increasing recognition that surgical intervention, in this period of time, is more often accompanied by success than failure; that evil results are due more often from omission of an operation than from permitting one, the natural question arises, what will be the final physical condition? Will it be possible to take up the former lines of duty, on passing from the surgeon's hand? This is not an infrequent inquiry regarding the operations on the appendix during the interval. Or a mother may fully realize that from a standpoint of safety and probable avoidance of serious trouble later; that the young daughter should be operated upon, yet she will hesitate to the point of refusal, wholly from dread that the young girl's remote physical condition may be impaired or she will show by physical depreciation the operation. It is not an unusual inquiry whether the removal of the appendix does not preclude the possibility of a long life. These are not questions of jest, but asked in all earnestness, and must be met by physicians and surgeons. It can be readily seen how this thought arises in the minds of the laity.

Formerly when surgery was looked upon and acknowledged to be an art of necessity; to be taken as a last resort, the remote after effects came in for slight considration. The operation had accomplished its end if the patient did

not die. Now, however, surgery is wisely looked upon even by the laity, as a science of election. One to be envoked, not just resorted to. The means of not only saving life, but of improving or removing conditions which are not in themselves necessarily dangerous, so much as undesirable. Again the laity is rapidly, very rapidly coming to the recognition of the immediate advantages and benfits obtained by early surgical intervention, even in some instances abreast with the profession. It is beginning to be understood that when the pathologic lesions are taken early in their period of life, how safe surgery is, and how seldom the dangerous and painful complications, immediate to former operations do now occur. So it is very natural that the layman's mind freed of these points, should turn to the more remote end results and ask for assurance.

The point to be established, is not what the reflexed after effect on the human body the removal of an organ or certain structures may produce—a most comprehensive study in itself—but simply to show that, taking the body complex as a whole, the physical and psychic integrity is not destroyed by surgical intervention, and thereby remove if not a local prejudice at least one too prevalent.

To illustrate this point—in a series of 380 cases taken at random, the percentage of total absence of any unpleasant physical or psychical post-operative sequalae whatever was 96 per cent. Of the special cases worthy of note. one was rupture of the pelvis of the kidney, with extravasation of urine into the peritoneal cavity following the extirpation of the opposite kidney two months previous. The kidney was sutured and a large hydrosalpinx and fibroid ovary removed, followed by recovery. Even at advanced age extensive surgical interventions may be resorted to without untoward effect. Thus were two cases of large, adherent, abdominal tumors in patients aged 79 and 76 years, respectively, removal by abdominal section, followed by an uninterrupted convalesence and complete restoration to health; while in another patient, age 87 years, a high amputation of cervix, with two extensive plastic operations on the vagina for complete prolapsus uteri was likewise followed by complete recovery. This patient is alive to-day having experienced no unpleasant post-operative sequalae in the slightest degree. Finally, two cases of interest illustrating that even extensive manipulation of structures and organs may be followed by complete recovery and the restoration of the human body to a normal state, not showing in the slightest degree the extent of trouble, nor the extensiveness of the operation, I mention a cystectomy for a large, densely and universially adherent cyst of the ovary, weighing sixty-nine pounds. The recovery was uninterrupted after a perfectly normal convalesence. One splenectomy, for a large movable spleen, extending into the pelvis, weighing nineteen pounds. This case was operated upon four years ago. She has enjoyed excellent health, and has passed through two perfectly normal pregnancies.

In concluding, in order not to be misunderstood, I repeat that in the critical review of these 1,250 operations, the immediate complications or more remote particular results, which do or may follow any special operation have been purposely avoided. The one ob-

ject has been to show in a broad way, that out of the large number of operations the gross result is highly satisfactory, and unless the pathologic lesion either by delay, nature or extension as to preclude it, that the human body resumes its normal state mentally, physically and psychically even after the most extensive surgical intervention.

Carcinoma of the Stomach—Its Early Diagnosis.

(By G. Paul LaRoque, M. D., Richmond, Va., Lecturer and Bedside Instructor in Surgery, University College of Medicine; Clinical Assistant Surgeon, St. Luke's and Virginia Hospitals, Etc.)

Next to the uterus the stomach is the most common primary seat of cancer; and in more than two-thirds of the cases of gastric carcinoma the pylorus and lesser curvature are involved.

The positive demonstration that carcinoma of the stomach in an early stage can be completely and permanently eradicated by surgical operation greatly increases the responsibility of every doctor in the management of his cases of so-called "dyspepsia." Careful study of a great many cases of this affection during the past five years at the bedside, the operating table and autopsy has convinced the writer that the physician who depends for his knowledge of gastric cancer upon the average text-book description of th affection, will rarely recognize the condition till the disease has become widely disseminated and obvious "across a public square."

In forth-coming editions of textbooks the diagnosis of carcinoma of the stomach will doubtless be written and rewritten and greatly abridged. Elaborate and detailed descriptions of advanced cases are of little use to the practical physician. Cases conforming to the type of these are of more interest to the student of "dead house pathology" than to the conscientious clinitian who attempts to cure his patients. The cardinal symptoms of the affection may be summarized as follows:

(1) Chronic gastric catarrh The signs of this affection (see article by writer in Charlotte Medical Journal, March 1906) developing in an individual past 30 years old, or representing an aggravation of previous digestive disturbances is strongly suspicious of malignant disease. Generally the signs of carcinomatous gastric catarrh are of rather sudden development and always progressive, though remissions of intensity may be noted.

(2) Loss of flesh and anaemia are in the early stages due to indigestion and are progressive in spite of treatment. Trivial degrees of this are significant. signs and the diagnosis should be made before these appear

(3) Gastric bleeding is present when the mucous membrane becomes ulcerated and this is generally early. The blood oozes from the ulcerated mucous membrane continuously though not as a rule in copious quantities. The vomited material shows blood. This may be in such small quantities as to demand chemic or microscopic examination for its demonstration. In larger amounts coffee-ground-looking material may result after the blood has undergone partial digestion. Fresh blood will be red in color but is not profuse. Melena is common though often occult.

(4) Pain. Aside from the pain of chronic gastritis there is often noted a darting pain vaguely located in the epigastric region, not dependent on

taking food and not relieved by vomiting. Frequently the affection is entirely painless.

(5) Gastric contents. This material generally shows diminution of H. Cl., beyond what would be expected from simple chronic gastritis. Lactic acid is present early, in greater quantity and more persistently than is the case with ordinary gastritis. Too much reliance should not be placed on the presence or absence of this material. Pus is often noted but is without diagnostic value. Cancer sells are exceptionally found. Oppler-Boas bacilli are without diagnostic siguificance.

(6) Gastric dilatation with impaired motility, retarded absorption and (when the lesion is located about the pylorus) pyloric obstruction are noted and trivial degrees of these should be recognized. . .

(7) Gastric tumor appears when the disease is past the curative stage. It is very sad that one should wait till he can hold a cancer in his hand before recognizing it.

Finally enlargement of lymph glands in the supra clavicular and inguinal regions with secondary growths first in the liver indicate metastasis. In this stage the disease is generally carcinomatosis rather than cancer of the stomach.

Cachexia appears often as early as three months from the beginning and is the first sign of impending death.

The average total duration of the affection is one year, rarely over two years.

Diagnosis. Apparently causeless, progressive dyspepsia of two months duration with even a trivial loss of flesh and strength in an individual past 30 years of age strongly suggest gastric cancer. If to these are added the signs of incipient or actual pyloric obstruction even though this be slight, exploratory coeliotomy is indicated. This should be done before the formation of an obvious tumor.

Carcinomatous infiltration must be differentiated in young adults from the cicatrization following benign gastric ulcer. In individuals past 35 years, such infiltration is generally malignant.

Addison's disease, pernicious anaemia of extra gastric origin, tuberculosis, chronic malaria, chronic nephritis, chronic hepatic and biliary affections, chronic pancreatitis, visceroptosis and particularly gastroptosis and other causes of chronic gastritis must be differentiated though this is generally easy.

In none of these affections are the signs of gastric catarrh so apparently causeless and so persistent in spite of treatment to the stomach. The appetite in gastric cancer is persistently poor, never recovered and ends in disgust for food. Only after lavage is a single full meal relished and this is not digested.

The other organs must be examined with a view to differential diagnosis, collateral diagnosis and to detect evidence of metastasis and amyloid degeneration.

Sarcoma of the stomach is a rare affection. The early progressive and persistent indigestion, with rapid emaciation resemble carcinoma. Sarcoma occurs at an earlier age, the tumor grows rapidly and to a greater size. There is generally fever, marked gastric bleeding, splenic, enlargement and often small cutaneous sarcomatous nodules about the umbilicus.

506 E. Grace St.

The Imperfect Development of Certain Organs a Factor in the Genesis of the Special Diseases of Women.

(By Dr. B. S. Moore, Charlotte, N. C)

It is a well known fact, that in animal life; the higher the animal organization, the less prolific are the generative organs, and among men the higher the state of civilization, the smaller the number of children born.

It is also true that in the same community the better classes and more highly developed intellectually have fewer children than the poorer classes who use their muscles rather than their brains to earn a living. In other words the higher the scale of development intellectually the more suppressed are the generative organs.

It is a well known fact that among the poor where relatively more children are born, a larger number die under the age of five years for the poor can not give them the care and attention that is devoted to the children of the rich and more intellectual—that is, the children of the rich and more intelligent, who are sickly and feeble are more apt to reach puberty than the children of the poor, for among the poor the law of the "Survival of the Fittest" is not so much interfered with as it is among the rich and more intelligent.

We should therefore expect to find, relatively speaking more cases of uterine disease among the children of the rich than the poor and more women with uterine disease among the rich or people most developed intellectually.

It has been claimed by some that we have more uterine disease here in the U. S. than they have in Europe. If the people in the U. S. are more developed mentally and further advanced in our modern civilization then, we would be certain to have more uterine disease.

Aside, though from these more general influences of race developmnt, and the natural tendency of modern mental and civilized influence to suppress the generative organs, there is a very much worse influence at work in causing uterine disease and that is the general tendency to restrict the physical development of our females by limiting their out door exercise during the years of adolesence, and the marked modern tendency to force mental development during these years when tney are changing to women.

There is very little doubt but that in the U. S. this practice is more marked than in Europe and no doubt that it is practiced here in the South more than any where else and in my opinion, is one of if not the most vital cause of many of the troubles which we term, Diseases of Women.

The generative organs are not essential to the life of the individual, they are the last organs to develop and they lie practically dormant from early child-hood until the girl reaches the age of adolesence (from about 10 to 16). Then during this time they develope and make a large demand upon the entire system.

It is a well known fact that our domestic animals will not stand any continuous strain at even ordinary work during development or before development without serious injury to the form, strength and usefulness, and the same applies to the human body.

Read before the recent meeting of the N. C. Medical Society at Charlotte, N. C.

To be sure of full development a girl must have a surplus of vitality during the period of development and that if this vitaity is closely used up by, especially, mental or emotional strain, the generative organs will fail to develop sufficiently to perform their functions normally. If a girl is pushed at school, or her energy used up by constant contact with older and more intellectual people from the age of ten to sixteen, she is almost certain to have a leucorrheal discharge, irregular and painful menstration, etc.. and when examined locally an infantile antiflexed uterus will be found, with such a diseased condition of the glands and follicles about the cervix as to cause a semi-raw state which we call a granular erosion and the older physicians treated as ulceration.

Bad hygenic surroundings, a serious illness or more especially any thing that brings about an anemic condition during the period of development, is pretty sure to result in an imperfectly developed uterus, dysmenorrhoea, sterility, etc.

A young woman may appear to be in good health and seem to be well developed and yet she may have an imperfectly deveoped uterus, as a rule leucorrhea is one of the first symptoms, and usually dysmenorrhea soon develops; not infrequently a patient comes complaining only of a dragging feeling about the pevis or a pain in the left side, usually with marked constipation, and often with fissue-in-ano or hemorrhoids, and on examination a well marked case of granular errosion will be found, the usual dysmenorrhea being absent.

Sometimes the only indications of imperfect deveopment and disease of the glands of the cervix is a pain in the left side and an uncontrolable nervousness, with more or less depression and hysteria as the women grow older. If the case is not soon treated the menstrations become irregular and later profuse; the latter symptoms being due to the constant irritation resulting in congestion and abnormal vascularity and finally to the development of what we call, fungus granulations in the endometrieum above the os internus.

Typical cases of imperfect development are to be found, especially in the graduates of our female colleges, for to graduate from such schools requires lots of hard work and the work is usually done during the years of adolesence.

I feel that the best rule that our female colleges could make, would be that, every applicant must be fully developed physically.

The abnormal conditions caused by imperfect development does not stop at just causing leucorrhea and dysmenorrhea, often however further trouble is stopped by early marriage, which is a great stimulent to the generative organs.

The abnormal changes gradually induced by uterine catarrheal endometretis will often result in sterility.

Suppose pregnancy does occur in an imperfectly developed uterus where the os uteri is not only imperfectly developed but rendered hard and incapable of dilating sufficiently to allow the head of the child to pass without lacerating the cervix? The tissues being filled with more or less diseased glands and follicles, fails on this account to heal and the result is that the existing disease is aggrivated, involution is de-

layed, the uterus remains soft, the ligaments relaxed and this produces the many so-called cases of misplacements, etc. Besides the existing catarrhal disease and favorable condition of the uterus, this makes sepsis more likely to follow labor and abortions.

Excluding new growths, acute sepsis. unclean examinations and applications after labor and abortions, this condition of imperfect development is the real cause of most of the local conditions from which women suffer.

The condition of imperfect development may affect the ovaries and cause imperfect and abnormal ovilation and result in sterility or reflex nervous disturbances. Then this weakened condition of the glands and underlying tissues may produce conditions favorable to the growth of fibromata, cancer, etc. If then these views are correct, much can be done; not only toward the cure but the prevention of the diseases of women.

The great importance of keeping children in good health is very well understood and much has been written on the subject of rest in bed during menstration, etc. In fact too much stress has been put on physical rest, but the very important fact has been overlooked; that during the period of development, between the ages of ten and sixteen, a girl must not only have good health and strength, but this health and strength must not be used up in mental or social development. If it is the generative organs are almost certain to suffer and fail to develope.

Rest during menstration may relieve the pain but if it shuts the girl up and deprives her of out-of-door exercise, it does more harm than good, often being a cause in bringing about abnormal conditions and harmful habits, which would not have happened had she been playing out of doors.

The very common idea that all of woman's troubles come from misplacements, falls, etc., should be replaced by a broader view. First, keep the general health good, the bowels regular during the period of active development, let healthful out of door play and pleasing mental occupation take the place of an indoor life. forced cramming and stimulating contact with old people. Recognizing the fact that a girl has brains to be developed and that they can be best developed after her generative organs have been developed, that to develope their brains and have them so called accomplished at the expense of their generative organs is to give them the worse possible preparation for a happy and useful life and future.

The importance of recognizing the influence of imperfect development on the treatment of the diseases of women is very great. For example we treat a case of dysmenorrhea and sterility as being caused by anti-flexion, when we straighten the uterus our work is done.

But suppose we look upon the small uterus with its semi-raw os and contracted canal, as being due to imperfect development, our aim would be to cure the local disease of the glands and follicles, and then stimulate the uterus to development, and we would recognize that, unless we succeed in keeping the patient's general health good, and in other ways stimulating healthy development, it would only be a matter of a short time before the abnormal conditions would return.

When pregnancy takes place, examine the patient some time before labor is expected and bring on a premature labor to prevent extreme lacerations, do not wait for subinvolution and retroversion to become chronic before giving treatment, but ten days after labor begin to give stimulating applications; not merely to sustain the uterus up in the pelvis out of the current of the rectum, and prevent this being pushed down into the vagina by each movement of the bowles. but to stimulate an active circulation and contraction and involution, not only of the uterus, but of the vagina, ligaments and all of the blood vessels which have been dilated and stretched during pregnancy and labor. Beginning ten days after labor and making an application in the vagina, twice a week of a firm cotton pledget rolled to the size of about, one to one and a half inches by two to two and a half inches long well saturated in 10 per cent. solution of Boroglyceride in glycerene.

In this way we can prevent subinvolutions, misplacements, etc. One end of the cotten pledget should be placed in the culdesac, the other being pressed up by the perineum under the pubic bones, this will fill the vagina in such a way that the uterus cannot be misplaced downwards and forward; leave this for from twenty-four to forty-eight hours; then remove and wash out the vagina with a solution of hot water and borax, then every third or fourth day repeat the application until involution is complete.

This rarely fails to relieve all symptoms and enables the patient to be up and about after the second week, and to go out riding the third week with benefit to the patient in every respect. If this simple process were carried out after all labors—not that I claim that it is always necessary, but in most cases among civilized people—it with rare exceptions prevents further local trouble.

Besides making the uterus an early prey to catarrheal disease, resulting in dysmenorrhea, reflex mental disturbances and often subinvolution or sterility, displacements, etc., imperfect development may cause serious trouble at menapause.

If a woman has severe hot flushes at menopause and reflex mental disturbances, the endometrium will be found to be extremely painful to the slightest touch. If in such a case you dialate freely, currett and apply pure carbolic acid and drain, you will find that the symptoms will soon disappear.

There is a marked similarity between the contracted and atrophyed uterus of an old woman, and the small hardened and contracted uterus of the young woman suffering with dysmenorrhea and hysteria.

The influence of chronic uterine catarrh, frequently caused by imperfect development, may result in a hypresthetic condition of the endometrium preventing normal atrophic changes and causing serious reflex nervous disturbances at the time of menapause.

All's Grist in the Mill.

An enterprising patent medicine man is already in the market with an earthquake remedy. Hear him:

"The San Francisco earthquake was terrible. Be warned in time; and when you have that earthquaky feeling be sure and take Blank's Remedy before shaking."

ABSTRACTS.

Diagnosis Value of Jaundice.

Hansel claims that the clinical value of juandice as a symptom has received scant attention in literature (Medicine, July '06). The text-book descriptions of the disease ought to be re-written. The divisions of jaundice into different forms are all open to objections. In a clinical discussion the terms, direct and indirect, are used—the first applying to those cases is within or immediately without the bile passages, and the second to causes originally remote from the liver and it's bile passages.

The various conditions producing jaundice are discussed and the following conclusions reached:

1. Jaundice due to gall-stones is accompanied by colic.

2. Jaundice with colic is due to gall-stones.

3. Chronic obstructive jaundice with an atrophied gall-bladder is generally due to gall-stones.

4. Chronic obstructive jaundice with a dilated gall-bladder is due to causes other than gall-stone, usually a tumor of the pancreas or the pylorus.

5. Repeated attacks of jaundice, in a patient who is well in the intervals, point to gall-stone or gastroduodenal catarrh—painful when due to stones, and painless when caused by the catarrh.

6. Persistent jaundice with bile pigments in the stools, accompanied by enlargement of the liver and spleen and no ascites, indicates biliary cirrhosis or passive congestion.

7. Jaundice and ascites combined may be either common cirrhosis or cancer of the liver.

8. Jaundice, ascites, and enlargement of the liver are almost pathognomonic of cancer of the liver.

SELECTIONS FROM OUR EXCHANGES.

Sanitary and Moral Prophylaxis.

A stated meeting of the Philadelphia County Medical Society was held Wednesday, March 28, at 8:30P. M., with the president, Dr. Charles K. Mills, in the chair. The evening was devoted to a symposium on "Sanitary and Moral Prophylaxis."

Dr. Prince A. Morrow, of New York, President of the American Society of Sanitary and Moral Prophylaxis, said that the prophylaxis of venereal diseases has long been recognized as the most difficult and delicate of all problems of social hygiene, and that the satisfactory solution of this problem would represent the greatest possible benefit that preventive medicine could render humanity. Notification, the first and most essential condition of sanitary control, does not appear to him to be practicable; here the medical secret dominates the situation. It is evident that medical measures must be supplemented by influences and agencies which can more effectively intervene in the correction of the causes of these diseases and the conditions under which they are spread; especially must they be adapted to their peculiar nature and communicative mode. He declared it to be the duty of the medical profession

to let men know to what they expose themselves and especially to let them know that the introduction of these diseases into marriage has upon future generations all the consequences of crime. The peculiar difficulties in the way of this prophylactic education were referred to. Expérience in dealing with other communicable disases has shown that the most essential condition of success is the creation of public sentiment. It is especially needful that the light of publicity should be turned upon a class of diseases which infect unseen the social body, which aptly typify "the pestilence that walketh in darkness," and the ravages of which have been concealed. This he believes can be most effectively done by exposing the grave dangers to health from venereal infection, the economic and social interests involved and especially the dangers to the family. Dr. Morrow recounted the experimental work done by the American Society of Sanitary and Moral Prophylaxis organized in New York twelve months ago. It was found that the society must be composite in character, embracing in its membership medical men, representatives of the clergy, the law, public educators, socioligists and public spirited citizens interested in the social welfare. For the first year it was decided that the meetings should be a sort of continued educational symposium, embracing the subjects of the education of the youth of the country in sexual physiology and hygiene, studying the nature and scope of this instruction, the age at which it should be given, whether it should be progressive according to the age of the individual, through what agencies it should be given, etc. There were further considered the subjects of the education of the young men and young women of the working classes; educa- of the men of the army and navy, and finally the great body of the general public. In the practical application of this educational scheme popular educators and practical pedagogues were invited to point out specific methods for carrying out the work. The question of the education of young women of the working classes was submitted to women physicians for discusion. In the matter of educating men of the army and navy the cooperation of the national government was solicited. It was shown that venereal diseases constituted the largest factor in the impairment of the efficiency of th service. The enlightenment of the great body of the general public was regarded as perhaps the most important and yet the most difficult part of the society's program. The newspaper press is absolutely barred to the mention of venereal diseases; and yet, Dr. Morrow believes that certain types of newspapers are the most powerful of all agencies in the dissemination of venereal diseases by printing quack advertisements which hold out deceptive promises of cure of gonorrhea in from three to ten days, of syphilis in from thirty to sixty days, leaving their dupes to sow broadcast the seeds of disease which might have been sterilized by scientific treatment. Dr. Morrow states that whether or not this be false ethics, it must be accepted as newspaper ethics. He regards it a fortunate matter that the entering wedge which may serve to open up communication with the public has been found in the "Charities and Commons," whose editor has the courage and public spirit to disregard traditional prejudice and print the papers and

discussions of the American Society of Sanitary and Moral Prophylaxis.

The educational feature does not represent the entire scope of the society's work. There are in addition committees on treatment, on "the social," and upon legislation.

Dr. Morrow was emphatic in his declaration of the duty of the medical profession to proclaim the doctrine that continence is not prejudicial to health. The almost universal infection of the minds of young men with the converse of this doctrine—the so-called "sexual necessity"—is in his opinion the most powerful determining cause of masculine immorality.

Dr. Edward Martin felt that the profession in Philadelphia could promise support to Dr. Morrow in the work outlined. Under the title "Syphilis and Gonorrhea of the Innocent," Dr. Martin spoke of the women and children as two classes who suffer from gonorrhea innocently acquired. A third class, he said, were the doctors who acquired syphilis in the practice of medicine or surgery. In so far as the children are concerned, he thought it fair to state that a large percentage of hydrocephalic and epileptic children and those exhibiting various dystrophies were due to hereditary syphilis. Possibly ten per cent. of those blind from birth were so from gonorrhea innocently acquired; five to ten per cent. of the deaf and dumb are so because of syphilis. Dr. Martin regards as extraordinary the fact that the law compels the practitioner to report cases of diphtheria, which is easily controlled and the transmission of which can be absolutely prevented by modern means, and permits him to ignore syphilis which can be conveyed directly to the innocent and passed on to the next generation. He would approve, through the public school system of Philadelphia, of all children being educated not only in the prophylaxis and the ultimate results of syphilis and gonorrhea but of all contagious diseases. He sees no more reason why young women should be taught the functions of digestion than that they should be taught the functions of reproduction.

A second step in prophylaxis he believes is to call those who are responsible for the conveyance of the disease strictly to account. A third step indicated is to clear the streets of soliciting women. He agrees with Dr. Morrow in his estimate of the enormous power of the press in the education of the people.

Dr. W. M. L. Coplin, Director of Public Health of Philadelphia, on "The Influence of Municipal Authority in Suppressing Venereal Diseases," said that any great public movement to be efficient must be supported by a stronger influence than the written law, namely: the irresistible force of public opinion. He spoke of the concealment from the general public of the dangers surrounding venereal disease as a factor in weakening official efficacy and lessening the activity of departmental energy. He was emphatic in his denunciation of official supervision that gives to vice the suggestion of legal sanction. Although it would be highly desirable, he is not certain that there is the legal machinery necessary for exerting a custodial care by immuring or quarantining individuals known to be actively infected and who continue a line of conduct calculated to propagate venereal disease. A form of official suppression partaking more of the nature

of a police regulation than a sanitary measure, especially directed toward brothels, he believes of value. Coincident with the recent activity of the police and private societies the number of admissions to the venereal wards of the City Hospital has perceptibly diminished. All who have studied the social evil are agreed that the most efficient influence at present available must be educational rather than restrictive and directed to the awakening of the public mind to this form of immorality. He suggests that health authorities cooperate with physicians in popularizing suitable knowledge contained in pamphlets judiciously distributed. Physicians are undoubtedly negligent in not calling the attention of their patients to the danger of propagating venereal diseases. As a part of the educational campaign he suggests the possibility of the city authorities, through the Board of Health, or the Board of Education, arranging definite lines of instruction, preferably by lectures to the advanced classes in the high schools and especially to youths of the age when the sexual function first asserts itself. Dr. Coplin regards as within the realm of the practicable the suggestion of compulsory examination of men contemplating marriage for the purpose of determining that they are free from venereal infection.

"The Transmission of Venereal Diseases to the Wife and the Evil Results Thereof." Dr. Joseph Price spoke upon this aspect of the subject. He spoke of the great number of women upon whom he had operated with the reproductive organs destroyed as the result of venereal disease. He considers the disease equally destructive to the male reproductive organs and believes that very few men and women are sterile who have lived a "Bible virtuous life."

Dr. Robert N. Willson expressed his great pleasure in realizing in this meeting some results of an effort started six years ago in the university toward awakening the medical profession to the need presented by Dr. Morrow. On the subject, "The Influence of the Young Man in Control of Venereal Diseases," he stated his belief that the matter lies in the hands of the young men and of the mothers of this country. Of the fourteen million young men under thirty years of age in America he said that probably fifty per cent. are infected before their thirtieth year with venereal disease.

In speaking of the control of the evil, Dr. Willson said that the leading newspapers had printed in the last month columns on the subject of venereal disease and in plain terms. Pamphlets had been widely circulated and a million American mothers had had placed in their hands facts which should secure their aid in combating the evil. Literature on this subject had been especially distributed among students. He believed that the laymen could do more than medical men if the facts were in their hands. The mother could add her influence by educating her boys and girls in the knowledge of simple and normal sexual life and in telling them of the danger from abuse of these functions.

Dr. W. B. Hale of the Public Ledger, on "The Social Evil from the Publicist's View-point," said that the part of the newspaper was, in the first place, positive: to give whatever publicity may seem wise to the physical and moral effects of the evil under discussion and, in the second place, negative: to decline

to give publicity to matter calculated to inflame unlawful desires and to refrain also from publishing items which pander to the satisfaction of these desires. While in full sympathy with the movement he feels that the work of the newspaper must be chiefly on the negative side. Much would be gained if the newspaper press were persuaded to refuse to publish inflaming news stories, or at least displaying them, as is now the case with a certain class of newspapers. He does not believe it wise in the accounts of disorderly houses raided to give the streets and numbers of these houses, and as to advertising places like this in due form of advertising, he declared that a community that would tolérate it is not a decent community. The effort against the social evil could be directed to no better purpose than to discourage the circulation of papers advertising lewd houses, massage houses, rooms with privileges, and illegal practitioners. As to the positive influence for good which the newspaper might exert, he wishes it were possible, but fears that in the present state of public sentiment it would not be possible to print facts presented to the meeting. He is not convinced that it is the function of the newspaper to enter upon a specific campaign against the social evil, but believes that it is one of the responsibilities of the press to fight the evil as it can and at least do all possible to keep the general tone of the press sweet, sound, and wholesome, so that the particular work under discussion may be carried on effectually by those upon whom it must chiefly rest, the fathers, mothers, the medical profession, and the pulpit.

The Rev. Dr. Floyd W. Tomkins under this heading, "The Social Evil from the View-point of the Pulpit," said that the pulpit believes, first, that the ideal of social morality must be kept very high and there must never be any question of lowering it; the licensing or segregation idea can not be considered; secondly, there must be equal justice in judgment so that one who sins shall be judged as severely as the other; there must be the teaching in plain terms that there is no difference between the sin of the man and the sin of the woman, unless it make the sin of the man greater. Much is heard of the "fallen woman," but nothing of "fallen man." The woman, sinning from love, is ostracised; the man sinning from lust, is not only allowed to go scot free, but is welcomed in social circles and allowed to mingle with the wives and daughters who should be protected. In the third place he believes that everything possible must be done to educate in the schools and colleges, as well in the family. In the fourth place he believes there must be impressed upon physicians as well as upon ministers the necessity of firm personal appeal and earnest warning.

R. Max Goepp, Reporter.

—Pa. Medical Journal.

The Etiology of Acute Rheumatism.

L. P. Frissell (Medical Record, May 12, 1906) declares that the idea that the disease known as rheumatic fever or acute articular rheumatism is of bacterial origin is no new one. After discussing this subject in some detail, he concludes that as result of a careful clinical analysis of the pathology and symptomatology of rheumatism one is forced to look beyond the common joint affection to gain a clear idea of such a protean disease attacking the

joints oftenest, to be sure, but too frequently the skin, pleura, and heart. Granted a point of entry, probably the tonsil, as the frequency of tonsillitis in rheumatism would suggest, the various conditions vaguely called rheumatic, as well as the out-and-out attack of acute articular rheumatism, seem best explained by considering the essential condition to be a blood infection. Assuming this hematogenous origin, the localization of the symptoms, he says, is readily accounted for by the bacterial embolus or local toxin action. In regard to the nature of the organism at fault, he presents five possibilities: An infection caused by the ordinary streptococci, or staphylococci, with their virulence in some way decreased; infection by a specific bacillus; a mixed infection with bacilli and cocci; an infection with a specific coccus; an infection caused by one of a group of closely allied organisms, probably diplo- or streptococci, which cause variousgrades of arthritic trouble. This last theory, perhaps, reconciles the view held by those who believe in the specific coccus with that of those who regard the attenuated pus coccus as the casual agent. This, Frissell believes, is strongly suggested by the results of his own investigations.—Med. Age.

Taking Away the Doctor's Only Advertising Medium.

British physicians are discussing with considerable bitterness the propriety of granting interviews to the newspapers on medical topics. The practice, it seems, has been growing in London, and the recent appearances of two such newspaper interviews with two of London's most prominent practitioners has brought the controversy to a head.

A representative organization of the medical profession recently made an unavailing attempt to induce editors of newspapers and weekly journals to abstain from mentioning the names of physicians in connection, for instance, with the ilness of public men. The attitude of the doctors is indicated by the Hospital, which says: "The voice of the profession disclaims the mode of the advertiser, and in theory at least, offers its subscription to the view that public and professional interests are not promoted by the expressions of opinions on medical topics by members of the profession in the columns of the lay press."

From the layman's point of view this conservatism seems entirely unjustifiable. In the case of the illness of a great public man it claims the right to know whatis the matter with him, and his chance of recovery. Regarding questions of public health and sanitation, the opinion of leading physicians is expert testimony of the highest value, whether published in the musty archives of a medical society or in a newspaper.

The same is true regarding reported new drugs and cures. Whatever advertising interviews on such topics may bring, the doctor can be of little value to him, because the very fact that his name carries sufficient weight to justify quotation indicates that he has succeeded beyond the need of such adventitious support.—New York Globe.

What has become of the old-fashioned man who carried a shot bag in his pocket to keep change in?

Some of the Don'ts in Obstetric Practice.

(By H. B. Nichols, M. D., Pulteney, N. Y.)

There are so many things to be done in the practice of obstetris, that one might think that there were no pointers to be given, in regard to what ought not to be done. These few remarks will pertain to the parturient woman and also to the pregnant woman, who requires perhaps more watchfulness than any other class of cases which the general practitioner may have.

First, as soon as a pregnant woman consults you, with the statement that she expects to look to you at the time of confinement, inform her that you require a sample of the morning urine once a month for the first five months, and then every three weeks for the balance of the period of gestation. Don't neglect it, no matter if she appears perfectly well, for underneath a fair complexion may be lurking an incipient nephritis, which later may be of serious moment. Don't test only for albumen, but look for sugar, and sometimes you will find it, and then you will be saved the possible event of a diabetic coma. Don't allow the pregnant woman to become a house plant as soon as she discovers that she is *en ciente*, but insist that she follow her usual vocation, in all matters where no extreme muscular exertion is concerned, for she will do better, feel better, there will be less nervousness, and her offspring will be correspondingly more healthy. Don't hesitate to inform your patient, that after the first two or three months, that it is better for her to abstain from sexual intercourse if possible. Don't tell her that she should ride out every day, when she could just as well walk, and if she seems to be drifting into a melancholy condition, get her interested in some form of outdoor amusement or occupation, which will usually dispel any gloomy forebodings. During the period of gestation, don't talk to her, or allow any one esle, if possible, to talk to her in any way, except in an encouraging manner, giving a favorable prognosis at confinement. Don't fail to take notice if she complains of any headache, no matter how trivial it may seem for she is placing entire confidence in you, otherwise you would not have the job.

When it comes to the time of confinement, don't neglect to empty the rectum thoroughly before the case progresses too far, but don't give any vaginal douches before or after labor, unless there is a reason for it. The normal secretions before labor should not be disturbed in any way, by *any* outsider, unless there is a good reason for it. Don't approach the lying-in chamber in any mood except one of cheerfulness and perfect confidence, for your patient will watch you for any expression upon your countenance which has the appearance of seriousness, and a lack of confidence upon the part of the attending physician, will unmistakably work to his disadvantage, and be a prominent factor in bringing about a nervous and irritable condition of your patient. Don't remain in the room with the patient during the first stage of labor, but absent yourself, placing yourself within calling distance, but occasionally visiting the patient, and noting the progress of the case, and offering some encouragement each time. When you deem it necessary to be present in the lying-in room, get yourself in shape and get down ot business. Don't be afraid to assist the

woman in her efforts, but cooperate with her, and show her that you are willing to assist all you can, and she will not begrudge you the *enormous fee* which you will receive, if you are practicing in the country. Don't make the mistake of going to an obstetric case with a dirty shirt on, for you may want to take off your coat, and the mortification may be great, upon your part, before you get through with it. Don't ever attend a woman in confinement, unless you are absolutely clean yourself, and wearing clean linen, for if there is one thing which impresses a patient more than any other, it is absolute cleanliness upon the part of the attending physician.

Don't attend your cases with a long flowing beard, but have your face clean shaven, and above all things don't carry into the house the odor from the blanket with which you banket your horse, if you do your own driving, but strive as far as possible, to be odorless, and perfectly clean in every respect. Don't rupture the amniotic sack too soon, but wait until sufficient dilation has taken place, so that you can readily deliver with forceps if necessary. Don't neglect to tie the placental end of the cord, for you may find another child in a few minutes after the first one is born, and if you did not, and they were both in the same chorin, you might be guilty of neglect of duty. Don't fail to follow the uterus down with the hand after the expulsion of the placenta, and keep in touch with the contractability of uterus for half an hour after the third stage has passed. Don't make the mistake of charging the same for an instrumental delivery as you would for one without, but charge fifty per cent more, and every visit which you make to the lying-in patient, charge for a regular visit. Don't fail to report the birth to the registrar of vital statistics in your town or city within three days of the event, and be sure that you have the child's name with it. Don't worry over your obstetris cases, but equip yourself with the best material you can find, in literature and instruments, and don't let a lacerated perineum go without repair over thirty minutes after it occurs, and your conscience will not trouble you much here, or in the hereafter—Medical Mirror.

Typhoid Fever.

And that case of typhoid? Sad case, wasn't it? Mother in her prime—left three little children. Rather tough on her husband. If ever a case was studied with the utmost scientific precision that one was. Widal reaction positive on the eighth day. Diazo showed the changing colors in the urine beautifully. You incised a rose spot and found the bacilli typhosi in large numbers—also in the general curculation a little later. The splenic enlargement was most painstakingly mapped out. Your study of the sulphoconjugate acids was an exceedingly careful one and served as a basis for your paper in the Journal.

"Treatment—let me see. Well—you see the Widal was not positive until the eighth day, and there being some uncertainity regarding the diagnosis I thought it unwise to administer any medicaments. Dieted carefully of course. You know it is a self-limited disease.. After that we gave the Brand baths. Yes, she was rather nervous about them—made too much fuss I thought. Can't say that they did much good; nevertheless all the authorities

now indorse this method. Stools? They were very offensive and there seemed to be an unusual amount of tympanites. Possibly this explains the large amount of the sulphoconjugate acids—I shall look into it farther.

"I took in about $150 on the case—bought the wife a new diamond ring—"

Did you earn it?—God forgive the scientific do-nothing—we can't.—Clinical Medicine.

Ten Rules for Dyspeptics.

A regular time for each and every meal every day.

Your stomach has no teeth to grind up your food, use your teeth and insalivate thoroughly.

Never drink cold water at table, but plenty of it between meals.

Go to your food with a smile, forget your troubles and worries and don't talk shop at table.

Outdoor exercise invigorates and puts an edge on appetite.

Don't eat a meal when tired out. Fatigue destroys digestive functions.

A spongeful of cool or cold water pressed out over the spine, followed by friction with a rough towel, increases circulation and adds tone.

Variety in food, yes, but not too much at one meal.

Counteract and overcome constipation by natural methods such as fruits and coarse food, rather than by purges.

Don't eat food not required for nourishment, not more than is needed to repair waste and energy.

—Medical Mirror.

An Infallible Gout Cure.

Dr. Wm. Osler, in one of his Baltimore, lectures, recited a quaint old cure for the gout—a cure, from a seventeenth century medical work, that was designed to show gout's hopelssness. "First pick," said the odd cure, "a handkerchief from the pocket of a spinster of thirty-five who never wished to wed; second, wash the handkerchief in an honest miller's pond; third, dry it on the hedge of a parson who never was covetous; fourth, send it to the shop of a physician who never killed a patient; fifth, mark it with a lawyer's ink who never cheated a client, and, sixth, apply it, hot, to the gout-tormented part. A speedy cure must follow."

Haase in Memphis Medical Monthly.

In closing, allow me to relate some figures given me by Mr. Frederick Hoffman, Actuary for the Mutual Life Insurance Company:

"Tuberculosis causes, annually, more than 150,000 deaths in the United States, at the average age of 35 years. At this age, the normal lifetime is 32 years, so that the real loss of life covered, measured in time, is represented by 4,800,000 years per annum. If we assume that the net value of a year of human life, after the age of 35 years, is only $100, whish is a low estimate, the real loss to the nation, resulting from the disease, is $480,000,000 annually."

And this, gentlemen, is a *preventable* disease!

Turpentine for Influenza.

The United Ctates Consul at Frankfort says that during an epidemc of influenza prevalent in the vicinity, it was found that workmen in a certain watch factory exposed to evaporating oil of turpentine seemed to be protected from the disease. Since then oil of

Tongaline
MELLIER
ANTI-RHEUMATIC
ANTI-NEURALGIC
Rx Tongaline Ozs VIII for Sciatica
Rx Tongaline Ozs VIII for Rheumatism
Rx Tongaline Ozs VIII for Neuralgia
Tongaline Ozs VIII for Grippe
Rx Tongaline Ozs VIII for Heavy Colds
Rx Tongaline Ozs VIII for Excess of Uric Acid
Tongaline
RELIEVES PAIN
ALLAYS FEVER
ELIMINATES POISONS STIMULATES RECUPERATION
WRITE FOR SAMPLES WHICH WILL BE SENT BY EXPRESS PREPAID.
MELLIER DRUG COMPANY, 2112 LOCUST STREET ST. LOUIS.

turpentine has always been evaporated in that factory upon a stove, and not a case of influenza has ever occurred there. This preventive measure is successively employed in dwellings, and the inhaling of water vapor with oil of turpentine is said to act favorably on the affected respiratory organs.—Health.

An inexpensive and efficient aspirator may be devised as fillows: A 5-pint bottle is fitted with arubber-cork, through which passes a glass tube to which is attached an aspirating needle. When wanted for use, 3 drams of alcohol are poured into the bottle, and the bottle is rotated and tilted so that the fluid will wet every portion of the bottle; the excess is then poured out The flame reaches the bottom of the bottle, the cork is inserted, and the rubber tube is clamped across with a pair of hemostatic forceps. This furnishes sufficient vacuum to aspirate any safe amount of fluid. The entire apparatus will not cost over 50 cents. It is in use in the New York Hospital.

Ingal's Solution.

This solution makes an excellent anaesthetic for minor operative work on all mucous membarnes except eye.

℞ Atropine sulph, gr. 1-10.
Strophanthin, gr. 1-5.
Ol. Caryophyl. m iii.
Cocaine hydrochl, ℈i.
Aq. Distil, q. s. ft, ℥i.

Sig.—Apply on pledget of cotton or with cotton swab.

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EDITORIAL.

Societies and the Collection of Fees.

The St. Louis Courier of Medicine for July sounds a note of warning in its editorial columns relative to medical organizaztions being used as a means of regulating fees for medical services, both for examinations for life insurance and general practice. Attention is called to the fact that the national and various state associations already bear the stigma of trade unions and medical trusts, and further that no organization for the purpose of raising fees is ethical.

This warning is timely, and in our efforts to perfect the organization of the profession, let us not degrade it to the level of a trust or a trade union. Heretofore the purpose of medical organizations has been to uplift the profession, to better prepare ourselves for the work before us and thereby be the better prepared for serving the public. It is hard to make the public believe this, though as a fact no measure benefitting the profession but what is of far more good to the public. This high aim must be kept in view if we would not bring the profession down to a commercial basis.

We believe in organization, and are fully convinced that it can and should be made a factor both in the raising of fees where they are inadequate, and in the collection of bills for services rendered. These two questions are of paramount importance to many of the profession and they cannot be goop-hood away with the assertion that success is assured if the knowledge of medicine and the skill in its application are present. As much as has been written on both questions, no satisfactory solution of either has so far been presented. Measures in numbers have been suggested that will meet the indications, but they all do violence in some way to the spirit of ethics, and it is this infraction that should be avoided. It may not be that in organization a full solution of the difficulties is offered, without making the society something

more than a scientific body, *i e* attaching to it some binding obligation in the nature of a trade union or a medical trust, but it can be utilized to this end.

If medical organizations are to become factors in meeting these propositions it must be through the moral effect of membership in them. The public is quick to discern the indications of progress, and the advantages derived from the spirit of advancement evidenced by close attendance upon the meetings of state and local societies. So long as these associations are kept free from a commercial basis and up to a high standard of scientific work, will they command the respect and confidence of the public, and no longer.

The interest the medical profession has taken in the fight upon the nostrum evil has antagonized the Proprietary Association and its press bureau is very active in disseminating literature reflecting upon the character of the profession. It is to this organization we are indebted for charges of being a trust and a trade union. Every attempt to regulate fees, or use the organized bodies of the profession for the collection of accounts for medical services, gives it another point to be used in poisoning the mind of the public against us.

The newspaper press of the day may not be subsidized by this Proprietary Association as has been charged, though the indications are strongly in favor of such charges, yet in the demand there is for sensational news, discriminating judgment is not likely to be exercised by the press of the yellow journalism order, when imputations of the integrity and good faith of the profession are offered for publication. In this way and by other more dark and devious means efforts are being made to influence the public mind against the profession.

That not the whole press is subsidized by this association is evidenced by utterances of one magazine, Collier's Weekly, in a recent editorial in the following clipping:

"'Beware the Nefarious Doctors' Trust;'" shrieks the Proprietary Association. The only medical combinations with which we are conversant are devoted mainly to the protection of the public. Most states, and many cities, have volunteer organizations of physicians banded together for the unselfish preservation of the public health. We do not recall any conspicuous services of patent medicine venders in this line of endeavor. They are committed, rather, to the opposite purpose, that of undermining health by frightening people into illness. "Any lump in a woman's breast is cancer." advertises one scoundrel. If you cough in the morning or at night or between times you have consumption and only Dr. Trickster's Balm will save you. Any sort of a mark on your skin forebodes blood-poisoning, according to Professor Faque, who will guarantee a cure by his "Safe Specific." Breathing hard after hastening up ten flights of stairs infallibly means heart disease, for which Dr. Nemo's Purple Pellets for Panting People are alone efficacious. And so on through the long list of ills. Potent, indeed, is psychologic suggestion. An Idaho youth recently studied medical advertisements until he hanged himself as a hopeless case, having identified most of the symptoms so luminously described. It is an axiom of the nostrum business that a first-class advertising man can persuade any woman

to take her bed and his medicine. Thus it is that the nostrum swindler gains his profits. When our physicians begin to frighten patient into illness by false diagnoses, when they guarantee cures and then go back on the guarantee, when they undertake to banish incurable disease with secret and mystrious remedies, when they fasten drug habits upon the innocent for their own profit. then it will be time enough for the nostrum trade to rebuke the sin of the doctor." S.

The Pure Food Law.

After seventeen years arduous work before the national legislature, the friends of the measure are to be congratulated upon securing the passage of a law relative to pure food and drugs, in the closing days of the past congress. Among its warmest friends and certainly some of the most effective workers for its passage is numbered many of the medical profession, and while all did not work for it personally, the moral support of the profession as a whole was given to it, and with excellent effect. The profession cannot of course claim all the honor of securing the passage of the bill, and perhaps it did hardly as much as it ought to for no one realizes more thoroughly than the physician the dangers of impure and adulterated food.

The law was passed in obedience to a popular demand, and its strength with our law makers may be judged by the small opposition to it in the final vote—four in the senate and seventeen in the house on the bill as presented by the conference committee of the two houses. This is in triking contrast to the long delay in reaching a vote on the measure, and probably shows more effectually than anything else what can be accomplished by concerted action. The demands coming from our national, state and county medical associations, from many prominent and influential magazines and other publications, from individuals both in and out of the medical profession, directly to individual members of congress carried weight with them, even though the measure was opposed by one of the strongest and most thoroughly organized organizations of the day—The Proprietary Association of America.

The bill as passed by congress in not quite what the friends of pure food wanted but candor compels us to say that its provisions are decidedly better than we expected after the strenuous controversy to which it was subjected. The spirit of the bill is admirable; it was evidently the intention of the framers of the bill to give us a law that would prohibit adulterating or misbranding food stuffs and drugs, or allowing any deleterious or poisonous matters to enter into the composition of the first or be used in the latter without due notice being given of it. The definitions of what constitute adulteration or misbranding under the provisions of the bill are good and the officers entrusted with its enforcement ought not to have any trouble on that score.

The bill is essentially a pure food law, and it is in this department that it will probably accomplish the greatest good, but as a drug bill it will do much towards the suppression of the "patent nostrum" evil that has such a hold upon the American people. One of the provisions being—that it shall be deemed misbranded—"if the package fails to bear a statement on the label of the

quantity or proportion of any alcohol, morphine, opium, cocaine, hervin, alpha or betacucin, chloroform, cannabis indica, chloral hydrate or acetanilid, or any derivative or preparation of any such substances contained therein."

For the incorporation of drug features in this bill we are indebted to Congressman Webb, of this State, while Senator Hepburn, and Representative Hepburn had charge of the bill in their respective houses, and did excellent service in piloting them through the various stages of legislation.

Rings and Cliques in Medical Organizations.

There are in all well organized bodies, of whatever class, certain individuals or set of individuals, who by natural tendencies, force of circumstnces or premeditated design, are looked upon as leaders. This condition is so widespread, being exemplified in the smallest social club, in the cross-roads debating society, in churches, in political parties, in legislative assemblies, that it may be considered an essential.

Leadership is essential. Plans must be formulated and a well defined purpose held in view in prosecuting the work of an organization to a successful issue. The work must be systematized by some one, and that, too, before the meeting of the body, or chaos will reign and the objects of the organization be but illy accomplished or entirely frustrated.

Medical Societies, county, state. and national,are in no way exempt from this universal necessity, nor from the results following its neglect, and this fact should not be lost sight of in any discussion of "ring rule," "bossism," etc. To pull down, impair or destroy something better is to cripple the work of the profession as a whole.

The cardinal point in leadership should be the good of the whole organization. When this is lost sight of and the position used to the personal gain of the leader in any way, it degenerates into "bossism" and with the leadership in the hands of several, with either an agreement or tacit understanding to work together for their material advantage or that of their friends and adherents "ring rule" in common parlance is the result.

There is no place in a medical society for "ring rule" and bossism." The object of a medical society is the advancement of the art and science of medicine, the betterment of the profession, both as individuals and as a whole, unselfishness should be the key note, the seeking for truth the prevailing spirit. Liberal views and a tolerance and leniency for the opinions of others should characterize the deliberations and discussions as well as the management of such organizations.

The leaders of a medical society should have the full confidence of its membership both as to professional ability and integrity of character. Joined with these should be high ideals of the aims and purposes of the profession, a jealous regard for its good name, a spirit of self-sacrifice that it may be benefited, and an earnest desire to promote its interests for the good to be accomplished, to the public as well as to the profession. Added to these personal magnetism, infinite patience, tact, strong will, and the power of speaking clearly and forcibly, and an ideaal leader is formed, and such one can be trusted.

That such leaders are sometimes

elected to the various positions of trust in the gift of the society is no crime. The spirit to be condemned is in the one who deliberately lays plans, concocts schemes, and conspires with others of like ilk to gain the position and influence of leadership in order to secure the positions of trust for personal gain. That this has been done and is now being done is a blot upon the fair reputation of a noble profession. The spirit is odious and cannot be too strongly censured. It strikes at the very foundation of the principles underlying the purposes of the society and the motives that should actuate every member of the profession. Equally despisable is a "ring" to hold the power vested in leadership for the purpose of rewarding friends and adherents by positions regardless of all other considerations other than a blind submission to the behests of the boss.

Leadership in medical organizations is essential and is not to be destroyed, but it should be from pure motives, without guile, and the reward to be looked for a consciousness of duty well performed.

Pipe Dreams Versus Facts— The Deadly Parallel.

Under the above heading, the Editor of the St. Louis Medical and Surgical Journal criticises the facts presented in the list of 22 supposed cases of death and severe illness caused by over doses of "headache powders" and reported in Collier's Weekly last December. This paper, Collier's, is making a hard fight in the effort to establish pure food laws, and to have the patent medicines that contain drugs that are likely to enslave their user labelled so as to show their contents. In this we commend their effort. It seems, however, that after a full and careful investigation of all the facts regarding the 22 cases above alluded to, that only six were discovered to be bona fide cases of poisoning, and nearly all of these were due to overdoses. It was learned that the 22 cases were collected from newspaper reports, and all physicians know that "newspaper medicine" is a most wonderful thing. The Editor very properly remarks, regarding overdoses, as follows:

"No sane physician will condemn a drug or medicine because an overdose results unfavorably, for if we did we might better quit the practice of medicine than to treat patients with drugs so inert that overdoses will never do harm. Any drug or medicine which is safe if taken according to the directions on the package, is a safe remedy in the sense in which the word "safe" is used in medicine."

We have not space to reproduce the cases reported but must say they read like "newspaper medicine" and are no doubt on a par with many cases that have come under the notice of every physician who daily reads the papers.

The average reporter is unable to properly comprehend "medical cases" hence many uncorrectly reported cases reach the newspapers.

We depreciate the effort on the part of the patent medicine makers to create a demand for drugs that they may supply that demand. We, as physicians, believe that the public would be better and more cheaply served if every dose of medicine were taken under the advice of a physician.

We hold that all poisonous drugs should be labeled—but we are opposed to creating a public sentiment on the

basis of a lot of supposititious cases. The coal tar derivitives are no more dangerous than any other agents when used with discretion and judgment, but they should not be sold over the counter and labeled as harmless and devoid of danger. They are extremely useful, but should be used under the advice of a physician. The patent medicine evil (By patent medicine, we mean compounds advertised and sold direct to the laity) has assumed alarming proportions in our country, but in fighting it or any other evil it is not necessary to cite cases of injury that did not occur. W.

Editorial Notes and Comments.

Investigating Committee—A Correction.

We desire to make a correction in a statement in our last issue, in reference to the House of Delegates, of the American Medical Association raising a committee of five to investigate the financial affairs of the Association and the management of the Journal of the Association, and report at the next meeting. Such a measure was proposed, and our first reading of the proceedings gave us the impression that it passed, but a more careful reading shows that it was tabled.

This is to be regretted, *i e* the tabling of the motion for such a committee. The very presentation of such a motion is indicative of dissatisfaction or distrust, perhaps, both. Coupled with this is the public criticisms of the management of the officers of the Association, and especially of the Secretary-Editor, during the past year or more, that one of such a nature as to warrant recognition. These criticisms, or many of them, harsh, unwarranted, and characterized by so much venom and personal animosity as to preclude recognition at the hands of the Association, but enough of well tempered and carefully considered criticism, have been made, as to make a thorough investigation necessary.

The trustees, the Sec.-Ed. or their advisers make a mistake in allowing this motion to be tabled. They are but the agents of the Association, and if the Association or even a respectable minority of its membership wants to know more of its workings or the mode of administration, than the secretary and trustees give in their annual report, it has a perfect rgith to secure it. The distrust or dissatisfaction prompting the introduction of the resolution of investigation, is but accentuated and intensified by the action of the House of Delegates. If there is nothing to hide, the better policy of the trustees and editors would have been to court an investigation, of the fullest and freest kind, and thereby silenced criticism. If there is anything to criticise, the Association has a right to know it and take such steps as are necessary to correct the evil. There may have been no gag law or ring rule in suppressing the resolution, but had the trustees and secretary of the Association given it their sanction or insisted upon it, it is probably that the resolution would not have been tabled.

Social Features in Medical Societies.

A correspondent of the Medical World (July '06) tells what a medical society in a small town is doing.

There is since its organization, better harmony among the physicians. The meetings are monthly at the residence of one of their number, taken in rotation. The social features are special and are attended by the *wives of the physicians*.. This point is enlarged upon by the editor, and we must cordially endorse it also. Why should not the wives of our physicians know each other better? We are trying to break down the old time prejudices and jealousies in the ranks of the profession, and make the relations more harmonious. Association, social and professional intercourse, nearer and more intimate acquaintance, and a higher regard for each others capabilities are potent factors in the productiveness of this condition.

We may all of us claim most vehement that we rule our own household and let not the women folks influence us in our conduct with our professional brethren. Still deep down in the innermost recesses of our being we know that the quiet work, the slight admonitory remark—even sometimes the overt insinuations or the open charge—has its effect coming from the living wife. This being so, why not take our wives into our full confidence, let them realize that it is to our individual interest and the good of the profession as a whole, that perfect harmony be maintained within our ranks. Let them become fully acquainted with all the profession in the town and even intimate with each other and a long step towards the production of harmony will be accomplished.

Association of American Editors.

Our namesake—or perhaps we are his namesake as he is the older—Prof. D. J. Roberts of the Southern Practitioner, attended a session of this Association (Boston, June 4th) and does not seem to be much taken with it, or its new constitution, claiming that it was a gay and gaudy garment Dr. C. F. Taylor of The Medical World had prepared. It was adopted but the opportunities for developing into ring rule are too many to suit his tastes so he is as yet a "looker on in Venice." One or two of the papers read are heartily commended, especially one dealing with the "Repeater in Medical Literature"—the man who sends his contribution to several journals to be published as original matter prepared for each—concerted action is advocated to prevent such publications.

Officers for ensuing year: Dr. Jas. F. Pilcher, Carlisle, Pa., *President;* F. P. Foster, New York, *vst Vice-President;* C. F. Taylor, Philadelphia, *nnd Vice-President;* Jas. McDonald, New York, *Sec.-Treas.*

BOOK REVIEWS.

Diseases of Children.

A distinction of no mean degree has been conferred upon an American book, the joint authorship of Drs. J. Madison Taylor and William H. Wells. The revised second edition of their treatise on "Diseases of Children," published by P. Blakiston's Son & Co., of Philadelphia, has been translated into Italian by Dr. Mario Flamimi, of the Pediatric Clinic of Rome, with contributions by Prof. Concetti and Dr. Valagussa. The translation has proven very popular abroad, and the occasion is one

of felicitation, not only to the authors but to American medicine generally, inasmuch as the work was chosen as being especially adapted to clinical teaching in Italy. Few American books have attained such honor. Its success abroad is but a repetition of the favor which it enjoys here.

Tea and the Japanese.

A True Story That Gives the Reflective Reader Much Food for Thought.

"With us," says Charles Edward Russell in "Soldiers of the Common Good," in the August Everybody's. "Japan has covenanted at our earnest request that she will not subsidize certain industries—for instance, tea export. Some years ago she set apart an annual appropriation for the Japanese Tea Guild. Subsidy? Not at all, said the Japanese Government, nothing in the way of a subsidy. It was merely to advertise Japanese teas, advertisement having been made necessary by the serious and growing competition of Ceylon and Assam teas. I am told that about one per cent. of the money was actually used for advertising. The rest went to pay the expenses of branch tea-houses opened in New York, Boston, Montreal, Chicago, and elsewhere. Why were these branch houses desired? Because for years foreign firms, chiefly American, had possessed the tea-exporting trade of Japan, and the government was determined to secure that trade for Japanese interests. Foreign governments protested at Tokyo. They wasted their time. With that faultless politeness that is one of the charming traits of the Japanese, the government officials gave assurance of their most distinguished consideration —and renewed the appropriation. It lapsed while the war was on, because Japan had need elsewhere for all her funds; but now the government has in hand an act that will finish the work begun by the appropriation and effectively put the foreign tea-houses out of business."

NEWER MATERIA MEDICA.

One of the things we have often said but that is well worth repetition is, that the treatment of the phthisical in summer is of the utmost importance; and that Hagee's Cordial of Cod Liver Oil is the hot season's representative of the fatty oil of the winter. This is more than a pleasant stomach tonic, it is something the wise doctor does not neglect.—Am. Jour. of Clinical Med.

Through considerable experience with Chionia this remedy has convinced me of its sterling merit in the treatment of biliousness and all other hepatic derangements, functional and organic. I have come to regard it as an ideal hepatic stimulant with perhaps a wider range of therapeutic adaptability than any cholagogue medicine I am acquainted with. Perhaps its use is not followed by any reaction tending to induce a sluggish condition of the stomach and bowels, such as follows the use of many other remedies. It is a therapeutic triumph.—D. S. Maddox, M. D.

As it is about time for the annual crop of Hay Fever. Physicians will, of

course, be thinking over the list of remedies that give relief. First comes Suprarenalin, the most convenient form of which is Suprarenalin Solution, a stable and non-irritating preparation of the active principle of the suprarenal substance. This is applied locally on pledgets of cotton or by spraying into the eyes and nose in strengths varying from 1:10,000 to 1:1,000, and is also given internally in 10 to 20 drop doses three or four times per day. There is also Suprarenalin Ointment, 1:1,000 which is especially adapted to eye, nose and throat work, as it is very bland, and its effects are more lasting than those of anything of the kind.

Taking all things into consideration, Suprarenalin is the most satisfactory remedy for Hay Fever.

Suprarenalin is one of the Armour Laboratory products, and full literature may be obtained from Armour & Co.

X-Ray Burns.

At the 337th regular meeting of the New York Dermatological Society held Nov. 28, 1905, the subject of X-ray burns was taken up, and Dr. Henry G. Piffard, Emeritus Professor of Dererматology in New York University said, according to the Journal of Cutaneous Diseases, "that he had obtained the most benefit in treating these conditions from Antiphlogistine, chloride of zinc, high frequency current and ultra violet rays."

Sanmetto versus Imitations.

I have used Sanmetto extensively for the last five or six years in both old and young, male and female, in all form of irritation of the urinary organs, from nocturnal enuresis in the young to cystitis in the aged, and have been disappointed in but few cases in obtaining good results. Have tried imitations (owing to their cheapness). The results were unsatisfactory. Have returned to the use of Sanmetto as a sheet anchor in both acute and chronic conditions of the urinary tract. I obtain speedier and more satisfactory results when given four times a day in drachm doses in hot water.

T. B. Gullefer, M. D.

Greenburg, Ind.

The New Pharmacopoeia.

The eighth decennial revision of the United States Pharmacopoeia, which was due in 1900, became official on September 1, 1905. A number of articles considered obsolete have been dismissed, and nearly an equal number of new substances have been added. An effort has been made to bring tinctures to a uniform 10 per cent. strength, while drugs containing alkaloids must be assayed and brought to a standard before being dispensed. Among the important additions are cocaine and Coca Wine, the recognition of the latter endorsing a flattering tribute to M. Mariani, who was the originator of this preparation, which was only now been made official. Coca leaves, according to the U. S. P., must contain 0.5 per cent. of ether soluble alkaloids, by weight, and Fluid extract of Coca must contain 0.5 grammes of ether soluble alkaloids, by weight, in each one hundred cubic centimeters. That means cocaine. Nothing is said of the several other alkaloids contained in Coca which are not soluble in ether. Surely great bodies do move slowly. Cocaine was discovered nearly fifty years ago, and it is an equal number of years ago that

M. Mariani first introduced Coca Wine to the medical profession.

Notwithstanding the fact that "Vinum Cocae" is now official, physicians who desire the original preparation must carefully specify "Mariani" in order to obtain the results which have for years been advocated as due to Coca—made available in Vin Mariani.—The Coca Leaf, September 1905.

The Rational of the Use of Iron in the Treatment of Phthisis.

It is a singular, yet significant, fact that, with the exception of a single disease, there is always a slight diversity of opinion among physicians as to which one of a number of agents exercises the greatest curative influence upon a given disorder.

The one exception is phthisis. The entire profession is united in the conviction that pure air, more than any other one factor, exerts a controlling influence upon the development of phthisical manifestations. Indeed, physicians concur in the opinion that, with the proper quality and quantity of atmosphere, this most widespread and fatal of all human maladies can oftentimes be cured.

While the beneficial influences of climate upon phthisical individuals has long been recognized by the profession, a perfect understanding of the exact manner in which atmosphere arrests the progress of the disease is a comparatively recent acquisition.

The opinion at one time obtained that mountainous and elevated districts were beneficial to phthisical subjects on account of the elevation alone. Recent investigations have disproved this theory. It is now an accepted fact that elevation, *per se*, is of little or no importance. On the contrary, the seashore is oftentimes better adapted to phthisical individuals than regions of a much higher altitude.

While it is true that higher the altitude, the less prevalent is phthisis, the explanation is that atmospheric impurities are less abundant and ozone is more plenteous in such regions than elsewhere. In other words, it is conceded that the absence of atmospheric impurities and the presence of ozone are the chief elements in the cure of phthisis, and that any section, high or low, which affords these elements is advantageous to the phthisical individual.

The benefit derived by consumptives from living in or near pine forests is a matter of common observation. The turpentine exhaled from pine trees converts oxygen into ozone, and the atmosphere is thus purified by the process of oxidation.

Having repeatedly proved that the direct inhalation of ozone is of little, if any, benefit, we are forced to the conclusion that it is not ozone which arrests the progress of phthisis, but the systemic oxidation which is brought to the maximum by the inhalation of a perfectly pure atmosphere.

In fine, we are now agreed that if systemic oxidation can, in any manner, be maintained at the proper standard of activity without exhausting the vital forces of the subject, the progress of phthisis can be checked, and very frequently completed cured.

Although the benefits derivable by phthisical individuals from an atmosphere that is conducive to a full measure of systemic oxidation are immeasurably great, the fact remains that it is not always within the power of the

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physician to induce the patient to move to a region affording such an atmosphere. The patient may, through inability to pursue his vocation, be financially unable to make a change of residence, or he may be influenced by the optimism peculiar to phthisical subjects, to postpone the change until the disease has progressed too far.

When, for any reason whatever, it is not possible to change the abode of these subjects, it is within the power of the physician to check the progress of the disease by the augmentation of systemic oxidation.

While all forms of iron increase systemic oxidation by converting the oxygen in the economy into ozone, the mucous surface of the alimentary tract of phthisical subjects is usually too enfeebled to absorb iron unless it is presented in the organo-plastic form. For this reason, Pepto-Mangan (Gude) affords results which cannot possibly be secured from any other preparation of iron.

In addition to promoting oxidation to a surprising degree, Pepto-Mangan (Gude) invigorates the digestive functions and increases the nutritive processes most markedly. The appetite of the patient is improved, the wasting is arrested, and the vital resources are greatly enlarged by the continued employment of the preparation.

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now made expedient by the development of an anemia which is usually foreign to non-pregnant subjects, and which, at one time, was an uncommon occurrence even in the case of the childbearing.

During pregnancy, the appetite is invariably immoderately capricious and there is a disposition to gratify the palate by partaking of those foodstuffs which have been rendered fictitiously attractive to the partial, or by the complete exclusion of the more simple and nutritious viands. While such indulgencies must inevitably contribute to the development of anemia, it was not until the modern table supply, consisting almost wholly of such victuals as hot breads, highly spiced refrigerated meats, artificially colored canned goods and pastries, was made the rule with the masses as well as the classes, that anemia of pregnancy became the rule and not the exception.

In addition to the inadequate food supply which is now current, the anemia of pregnancy is rendered more widespread by the style of dress im-

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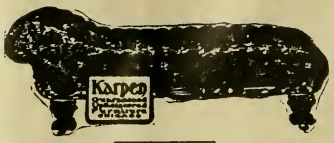

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posed by society upon women in all the walks of life. Furthermore, the blood depletion of prospective mothers of the present day is materially increased through their abandonment of outdoor exercise on account of a false sense of modesty.

In view of the fact that the health of a woman in the pregnant state, and the proper development of her unborn, is always directly dependent on a blood stream that is qualitatively and quantitatively insufficient for the exigencies of pregnancy, the administration of iron is made distinctly needful by the artificialties inseparably associated with modern life.

In selecting the form of iron to be administered to pregnant women, the utmost discrimination should be exercised. That form of the drug which is most easily assimilated and proves most acceptable to the palate is the one which should be employed. This injunction is made for the reason that the nausea which is incident to the pregnant state must not be increased, for the further reason that constipation must not be induced by the drug. Again, the nutritive processes must be held at the proper standard, and this cannot be done in the absence of a painstaking selection of the iron to be administered.

Pepto-Mangan (Gude) is the ideal form of iron for these cases. This contention has the support of logic. The hemoglobin-imparting properties and

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the nutritive potency of the preparation are confessedly greater than those of any other form of iron. Then, too, Pepto-Mangan (Gude) is more readily absorbed and more completely assimilated than any other preparation of iron. Still further, Pepto-Mangan (Gude) produces no untoward effect upon the mucous surfaces of the alimentary tract, nor does it encourage constipation or increase nausea.

In addition to overcoming the anemia and the deficiencies of nutrition, Pepto-Mangan (Gude) adds tone to the blood vessels and reduces to a minimum the softening of the heart walls which always attends the pregnant state.

Certainly one of the most gratifying effects of Pepto-Mangan (Gude) is the increase of physical strength and buoyancy of spirit which the prospective mother derives from its administration. That the unborn participate in the benefits derivable from Pepto-Mangan (Gude), there can be no doubt, for at birth they present unmistakable evidences of physical robustness, and seem well fortified against those illnesses which are peculiar to infanthood. It is also a matter of common observation that the roborant action of Pepto-Mangan (Gude) enables the mother better to bear the strain of parturition.

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ago, I had used the various anti-pyretics and analgesics with fear and trembling, feeling that for the decline of every degree of fever the heart suffered in proportion. However, since I have used Anti-kamnia Tablets I suffer from no fears on the above score.

A brief outline of a few clinical cases, wherein this remedy was used with unvarying success, will doubtless be of interest.

Case 1—H. S. aet. 19 was taken with a prolonged and severe chill, and rise of temperature, followed by swelling of both ankle joints, exquisitely painful. Diagnosis: Acute inflammatory rheumatism; salicylate of soda in large doses ordered with very little result, in fact with no appreciable effect. Anti-kamnia Tablets were ordered, one every three hours. After the first few doses the patient was much more comfortable, in fact, comparatively free from pain. The joints were continuously enveloped in cold packs and a tablet of Anti-kamnia ordered to be taken every four hours. The young man made a perfect recovery in six days and at no time during his illness were any heart symptoms noticed.

Case 2—Miss B. was subject to the most excruciating pain before and during her monthly periods. An examination revealed no organic trouble. She always spent several days of the month in bed. Several medical men had prescribed for this lady with only a modicum of relief. Anti-kamnia and Codeine Tablets were prescribed with marked amelioration of the pain before and during the flow. She still continues to take these tablets and suffers little or no pain while menstruating.

Case 3—Mr. Wm. W., a young man of 22 years, consulted me regarding his condition. He had been subject to

headaches for nearly a year, from no apparent cause. The pain was so severe that he was often totally incapacitated for business. I gave him Laxative Anti-kamnia and Quinine Tablets, instructing him to take one every two hours. The result was entirely satisfactory and he always finds prompt relief by the use of these tablets.

Case 4—Mr. J. a clergyman, thoroughly convalescent after a severe attack of pneumonia, was troubled with a short hacking cough which annoyed him exceedingly. Anti-kamnia and Codeine Tablets given as required, entirely relieved his condition.

In conclusion, when a prompt and safe antipyretic and analgesic is indicated, I shall continue to prescribe Anti-kamnia Tablets alone, or in some of the various combinations, feeling that I shall, in no measure, be disappointed in their immediate results.

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By Clarence G. Clark, M. D., New York.

When we consider that nearly one-half of all the children born die before reaching the age of one year and that by far the greater portion of these die from some form of intestial indigestion, we realize what an immense field there is for the improvement of our technique in the treatment of these affections. Our infantile mortality could undoubtedly be greatly decreased could all cases be seen and treated actively from the outset. Altho a great many cases are of a violent character from the very outset, still there is a certain proportion of a more or less chronic nature and it is this class of cases which greatly tax the ingenuity and patience of the physician. No medication by the mouth seems sufficient to stop the progressive wasting. As soon as food is taken it is passed out without the child absorbing any of it. It is one of these cases that I wish to present to the medical profession, hoping that the methods adopted will be found successful in other cases of a similar nature.

Baby D., age four months. History: Child was nursed by mother for one and a half months but as her milk was of poor quality and the child did not thrive, she was advised by her attending physician to stop the breast and substitute bottle. This she did, feeding the child on a mixture of milk, cream, milk sugar and barley water in

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In an action at law recently brought by Messrs. Sander & Sons, Bendigo, Australia, at the Supreme Court of Victoria, and tried before His Honor the Chief Justice Sir J. Madden, K. C. M. G., L.L. D., against a party who tried to foist a eucalyptus preparation upon the market in a similar package to that in which the genuine "Sander & Sons' Eucalyptol" is contained, thus practising the grossest form of substitution, it was shown that his imitation was a crude, unrefined eucalyptus oil, containing all irritating substances and possessing no antiseptic power whatsoever.

His Honor the Chief Justice of Victoria said with regard to the genuine "Sander & Sons Eucalyptol" that whenever an article is recommended by reason of its good quality, etc., it is not permissible to imitate any of its features, and he granted a perpetual injunction preventing the defendant party from so doing.

There are many degrees between an absolutely inert and injurious article, and one which was proved by expert witnesses at this Tribunal of Justice to be absolutely pure and scientifically standardized, viz: the genuine "Sander & Sons Eucalyptol." But mediocrity has no place in medicine and only the best and most reliable article will make and maintain the doctor's reputation.

Thus the necessity for observing strictest adherence to most scrupulous discrimination in securing an approved product is once more convincingly substantiated by the foregoing and furthermore strengthened by a report which Dr. Owen made some time ago to the Medical Society of Victoria. The doctor states "that a child living at Fitzroy, a suburb of Melbourne, became most seriously indisposed through the use of eucalypt." The number of inert and even injurious products of eucalyptus has, since this report is made, rather increased than otherwise, and so we find precaution now even more indicated than ever before. Therefore, please specify "Sander & Sons Eucalyptol" when prescribing.

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a 3-6-1 proportion. The baby thrived on this for about two months, but early in July it developed a diarrhea. The mother gave it home remedies but still continued the milk, feeding it even more frequently than before as the child was fretful and apparently hungry. The stools averaged 7-8 a day and occasionally the child would vomit. This contiued for two weeks when the mother became worried at the progressive emaciation and decided to call a physician. I first saw the case on July 16th.

Examination: Baby extremely emaciated, lies on cot without apparent strength to move; tongue fissured; cheeks sunken; abdomen tympanitic (slight). Temp. 102.2; weight seven pounds; stools ten to twelve daily, full of mucus and curds of undigested milk. I gave the mother a very unfavorable prognosis but told her to secure a nurse for the baby and we would do all that was possible.

Treatment: Milk was stopped at once. Child fed on barley water and albumen water. I then ordered the nurse to wash out the colon twice daily through a catheter with two quarts of a solution containing Glyco-Thymoline one part and water ten parts. By the mouth I gave 1-20 gr. Calomel tablets every hour for ten hours and twenty drops of brandy every two hours.

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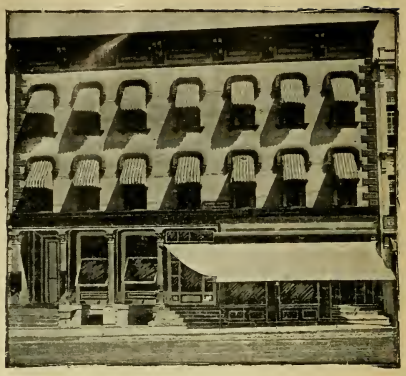

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Cor. Calvert and Saratoga Sts, Baltimore, Maryland.

July 17th. Child in about the same condition except that it had had only nine stools in twenty-four hours and they were of a trifle better color with less mucus and no curds. Continued irrigation but stopped calomel. Continued with brandy.

July 18th. Seven stools, quite watery but of a much better color. Treatment continued until July 24th, at which time the child was much improved, having only three in a day and passing very little mucus. On this date I started the milk again, using a very dilute formula with three ounces of milk from top of bottle, one ounce of lime water, one ounce of milk sugar and fifteen ounces of boiled water. Continued irrigating with Glyco-Thymoline, one to eight once a day but stopped all other medicine. The baby started to thrive at once and in two weeks more we again weighed the child and noted an increase of three pounds. I gradually increased the strength of his food until at the present time he is taking eight ounces of milk to eleven ounces of water and one ounce of lime water, which is almost the average for a child of his age. (5½ mos.)

This is only one case of a number that I have treated with nearly the same routine this summer and all with satisfactory results. I lay the success I have had to two factors: First, the immediate withdrawal of all milk and

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second, the continuous and copious irrigation. For this irrigation I have tried numerous solutions but nothing to equal Glyco-Thymoline in a one to ten proportion. It appears to cleanse the inflamed colon better than anything else and in nearly all cases of this nature I have had quick improvement in the character of the stools after its use.

In conclusion I would state that although in this case I did not give much treatment by mouth because the symptoms seemed to point more to a lower bowel affection, yet in many cases of this gastric symptoms have been more predominant I have combined with the irrigation treatment Glyco-Thymoline in 15-30 M. doses combined with Liquor Bismuth as follows:

℞	Glyco-Thymoline	℥ ss
	Liq. Bismuth	℥ i
	Aqua	℥ ii

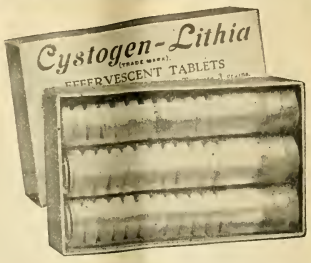
M. Sig. ʒ i q. 2-3 h.

This is in connection with rectal irrigation with Glyco-Thymoline in proportion indicated will suffice in nearly all the cases of gastro-enteritis. entero-colitis and enteritis so common in artifically fed infants.

MISCELLANEOUS.

Measures for bettering the condition of the dwellings of the poor by the provision of cheap and healthy lodgings at a low cost have been long contemplated by the municipal government of Vienna. In certain districts of the city the slums are to be pulled down, and the municipality and government have consented to levy no tax at all within the next twenty years on the

Cystogen-Lithia



Should be dispensed in tubes to preserve effervescent quality.

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DOSE—One or two tablets in a glass of water, three or four times daily.

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buildings to be erected on these sites, if they are built so as to provide accommodation for small families at a cost of not more than about 1s. per room per week. As ground is rather cheap in this district, and the possibility of a large number of inhabitants is very considerable, several landowners have already taken advantage of the good chance offered to them. For a later period a taxation is warranted for these houses, which will be calculated in such a way as to leave a net income of at least 4½ per cent on the capital invested in the buildings. The opening of playgrounds for children, of gardens, and baths for the use of the population of the districts at a very low cost, has been left in the hands of the local auhtorities.

DR. ARRINGTON, Goldsboro, N. C.:

We take pleasure in inviting the attention of the profession to the work being done by a brother practitioner who later studied dentistry and is now curing—not merely relieving, but actually curing Riggs Disease of the Gums. We have this information from physicians who know of Dr. Arrington's work. See his card in this issue.

THE HYGEIA HOSPITAL, Richmond, Va.

Dr. J. Allison Hodges writes us that his private Hospital will undergo enlargement this summer and will be closed for that purpose until Sept. 1st.

A special session of the California legislature, made necessary, says the

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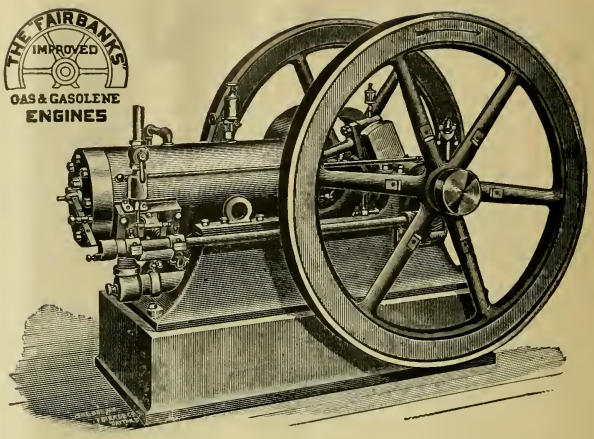

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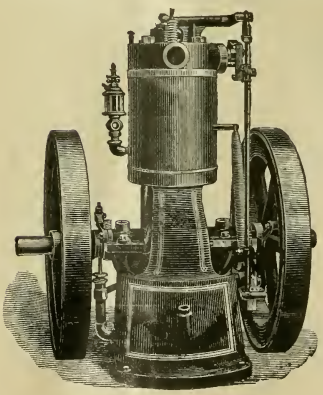

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Medical Record, by the catastrophe at San Francisco, enacted these laws of interest to the profession: A bill appropriating $25,000 for the building of temporary houses for the insane while permanent buildings can be put up to replace those of the Agnew State Insane Asylum at San Jose, destroyed by the earthquake; three bills providing for the reproduction of the registers of the State Boards of Examiners in Medicine, Pharmacy, and Dentistry; a bill providing for the issuing of duplicate certificates to physicians, pharmacists, and dentists who lost the original papers in the fire at San Francisco; a bill appropriating $83,800 for the University of California, about $8,500 of which is to restore the buildings and apparatus damaged in the medical and veterinary departments; a bill appropriating $2,500 for the restoration of the property of the State Board of Pharmacy, and a bill of equal amount to restore the property of the State Board of Medical Examiners.

Appointments by Dr. Booth, Pres.

Delegates appointed from the Medical Society of North Carolina to the International Congress on Tuberculosis to meet in New York City, Nov. 14, 15, and 16, 1906:

Dr. R. H. Lewis, Raleigh, N. C.

Dr. Ben. K. Hays, Oxford, N. C.

Dr. Chas. J. O'H. Laughinghouse, Greenville, N. C.

Dr. J. Howell Way, Waynesville, N. C.

Dr. A. W. Knox, Raleigh, N. C.

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Dr. Thos. S. McMullan, Hertford, N. C.

Dr. T. L. Booth, Oxford, N. C.

Dr. Chas. Roberson, Greensboro, N. C.

The Ancient Treatment of Leprosy.

Some interesting details in regard to leprosy and its treament during the middle ages were recently published in a foreign medical journal. Treatment of the scourage at that time appears to have been of the crudest. It was thought that the sovereign remedy for its cure was a snake with a black back. The reptile's head was tied to his tail, and in that position he received a prolonged beating with rods; afterward the head and tail were cut off at one stroke, and all the blood was allowed to drain out of the body. Patients were given this blood to drink; if frothy salivation with swelling of the body was produced, that was held to be of good augury. Ambroise Pare accepted the teaching of Valerianus of Tarentum that lepers should be castrated, not only as a means of preventing the propagation of the disease, but as a therapeutic procedure, the loss of the testes causing "a cold and moist complexion which is antagonistic to the heat and

dryness of leprosy, whereby the liver is cooled and consequently does not burn the humours that are the primary cause of leprosy." Pare, however, admits that there is no specific for leprosy, neither the eating of snakes, nor the drining of their blood, nor bleeding, cuppying, nor baths, nor anything else curing the disease. Gordon, in addition to viper's flesh, prescribed laxative enemata, blisters over the "commissures" of the skull, scarification and cupping, and inunctions with chamomile and other emollient plants. These ancient methods of treating leprosy may appear ludicrous to us, but we may well ask ourselves how much progress has been made in the treatment of this dread disease. Notwithstanding the number of scientific men who have devoted themselves to the study of leprosy, as yet no satisfactory remedy has been discovered to check its progress.—Medical Age.

The increasnig prevalence of typhus fever in Mexico has stimulated research into its etiology and mode of transmission. Several announcements regarding the discovery of a specific organism have been made, and the government has offered prizes aggregating $50,000 for the discovery of the germ and means of prophylaxis and treatment.

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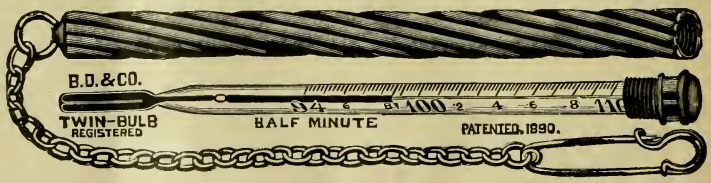

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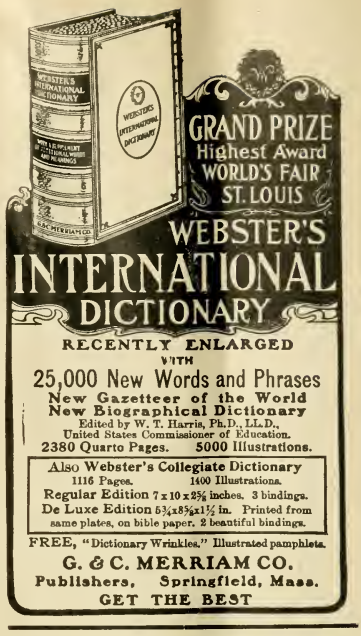
The Philippine Island Board of Health reports 2,683 lepers in the archipelago, scattered through the various provinces. Cebu, which has 675, heads the list, but only one province is wholly free from the disease.

The Japanese government has conferred the honorary title of Professor of Medicine on Miss Tada Urata, who some years ago graduated as a doctor of medicine at Marburg, being the first Japanese lady to obtain that degree in Germany.

The Aesculapian Society of the Wabash Valley held its fifty-ninth semi-annual meeting at Robinson, Ill., May 31, 1906. Dr. H. N. Rafferty, of Robinson, Ill., was elected secretary and treasurer, to fill the vacancy occasioned by the death of Dr. H. McKennon, of Paris, Ill.

A tragic occurrence was the death of the prominent Portugese oculist, Dr. Mascaro, who suddenly became unconscious while reading a paper before the section on ophthalmology at the Lisbon Congress. He did not recover consciousness, and died on the same day. Dr. Mascaro was independent of practice and devoted himself to the treatment of the poor, for whom he had founded a free hospital and training school for the blind.

At Munich a large number of working women and wives of workmen have decided to establish a cooperative lying-in and gynecological hospital where they are to be taken charge of and nursed during and after confinement, and where gynecological operations are to be formed.



A meeting of the class of 1905 of the Faculty of Medicine, University of Toronto, was held recently, at which it was decided to adopt as "class boy of 1905" the first male child born to a member of the class married subsequently to graduation. This is intended as an encouragement to the young doctors to marry.

The first paper under heading of Original Communications in July, "Colony Treatment of Insane and Other Defectives." was inadvertantly published without giving the name of the author. The paper was prepared and read before the North Carolina Medical Association by Dr. P. L. Murphy. the able head of the State Hospital for the Insane, at Morganton, N. C.

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Twenty-Ninth Year. SEPTEMBER, 1906. Vol. 55. No. 3.

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ORIGINAL COMMUNICATIONS.

Cholelithiasis.

(By Dr. H. F. Long, Statesville, N. C)

Mr. President and Gentlemen:

In taking up at this time the subject of cholelithiasis I am fully aware that I have nothing to offer in the way of enlightenment to the specialist in gall-bladder surgery, but my own experience has demonstrated that it is not the specialist alone who is confronted with these problems. Within the space of a few months I have been called upon to deal with a series of ten cases, a fact which is significant of the prevalence of this disorder under circumstances which must be met by that individual from whom the public demand so much, the general practitioner. To these, my fellow practitioners, I trust that a brief study of these cases may not be without interest.

The modern era of gall-bladder surgery dates back less than fifteen years. During this period improvements in technique, a more definite fixing of the time to operate, and a more enlightened management of cases have contributed to a progressive reduction of the mortality until it compares favorably with that of any other abdominal operation.

As a result of this, from being considered a subject for medical treatment, cholelithiasis has been completely transferred to the province of surgery.

As to etiology, Naunyn laid down the rule that the formation of gall stones depended upon two factors—stagnation of bile and infection. The recent researches of Beer, however, seem to im-

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ply that these conditions alone are not sufficient, but that in addition a deranged hepatic metalbolism—in other words, a diathesis—is a prerequisite for the development of the disease. This theory of the etiology is borne out by the following cases:

Case 1. Mrs. P., 50 years of age. She was the mother of thirteen children, and up to about a year ago had always been healthy, except for a severe attack of typhoid fever ten years previous. A year ago she was seized with pain, first in the right shoulder, then in the stomach, and alternating between the two for two weeks. Similar attacks followed at intervals of two months until two weeks before the operation. In each attack there was a decided jaundice which cleared up after the attack subsided. On each occasion she was given the usual remedies, morphin, sodium, phosphate, olive oil, etc. The patient was in good condition for operation. Tenderness was present at the point of the ninth rib; on deep pressure tumor could be made out but not distinctly. The area of liver dullness was increased. Incision was made, beginning near the ninth costal cartilage of the right side and running vertically downward through the outer border of the rectus muscle. The gall-bladder was easily found and brought into the wound. As there was no fluid in it, it was at once incised, and 106 hard facetted gall stones removed. Besides these, three soft stones which were crowded into the cystic duct were removed. I had no difficulty in working them back into the gall bladder, and removed them much crushed. The 106 others I have here in this bottle which I shall be glad to have you examine. The gall-bladder was next sutured to the peritoneum, a drainage tube pushed to the bottom of the gall-bladder and left in the sack four days. Bile discharged for eight days and then ceased. The woman left the hospital on the twenty-first day, and has since been in good health.

Case 2. Mrs. —, 40 years of age. She was the mother of seven children, the youngest being five months old. She had suffered for eleven years from indigestion following a long attack of typhoid fever, and had taken much medicine for the relief of this condition, even beginning the use of morphine tablets on her own account whenever she felt the approach of the attacks, which were frequent and severe. The last one, occurring, December 12, 1905, was so prolonged and painful that the family doctor was called. Examination discovered a tumor in the upper abdomen. I saw her that night at 12 o'clock. At this time her whole upper right side was rigid and tender. Her pulse was 160, temperature 104, respiration short and quick, facial expression anxious. I advised the usual treatment in acute intraabdominal troubles. She improved, and on December 14 was brought to my hospital. She stood the trip well, and when brought in had a temperature of 100 and a pulse of 96. Operation was delayed 4 days, at which time her pulse and temperature were normal. The uaual incision was made, and a dense tangle of adhesions encountered. These were separated, and the gall-bladder well exposed and pulled up, gauze strips being well packed around and below it to prevent the soiling of the peritoneum. A trocar was pushed into the gall-bladder and about three ounces of fluid was aspirated. The fluid was viscid

mucus, dark, fluctuant bile, and serum. The gall-bladder was then opened and three large stones, which I have here in this bottle were removed. The gall-bladder was black and gangrenous, its walls much thickened and the whole viscus much enlarged. It was cut away from below upward until the cystic duct was reached and ligated, thus finishing its entire removal. A drainage tube was anchored at the stump of the cystic duct, another, a long tube of split rubber with gauze running through it, was dropped into the subhepatic space, and both left in. The wound was closed in the usual way, and on the fifth day the drains were removed. The patient made a good recovery. It is noticeable that although this was a much more serious case than No. 1, the gall-bladder being found in a much worse condition and the patient having suffered for eleven years, yet there was not, at any time, the slightest jaundice.

Case 3. A woman fifty years of age. She had always been healthy except for a severe attack of measles followed by bilious trouble. Her condition on examination was found to be practically normal. She had suffered for five or six years with bilious colic, "bad liver," as she expressed it. She had never been badly jaundiced, but said that her skin would turn yellow when she had an attack. Eight months before, the colic became of daily occurrence. The pain was always located in the right shoulder. In this case the abdominal walls were very thin, and the gall-bladder could be felt as a hard mass at the end of the ninth costal cartilage. The usual incision was made and the gall-bladder at once presented. It was pulled up, opened, and 235 stones removed. It contained no fluid whatever. Further search discovered a stone in the common duct, which was opened, the stone removed and a small fishtail drainage tube anchored in the incision in the duct. Another drainage tube was anchored in the gall-bladder, and still another split tube carrying gauze was passed to the bottom of the sub-hepatic space and brought out with the two others at the upper angle of the incision. Gauze was packed around all and the wound closed to the gauze. In twenty-four hours bile began to discharge freely, and continued to do so for a week, at the end of which time the tubes were taken out. All discharge ceased on the fourteenth day, and the patient went home, much pleased with the relief obtained.

Case 4. A woman, 65 years of age. She had had typhoid fever twenty-five years ago, and for twenty years had suffered from frequent attacks of colic. For three months she had not been free from pain in the upper right side except when under the influence of laudanum. The patient was much jaundiced, and examination revealed a tumor in the upper right quadrant. The usual incision was made and the gall-bladder presented, with no adhesions about it. It contained no fluid; 13 large stones were removed. The gall-bladder was then stitched to the peritoneum, the usual drainage employed and the incision closed in the usual way. The patient left the hospital on the twenty-first day and has been in good health since.

Case 5. Mrs. —, 26 years of age. The patient was the mother of four children. She had had the usual diseases of childhood, also typhoid fever when about full grown. The first attack of colic occurred two years ago

and lasted seven hours. Since then she had had attacks every few weeks, and the interim between attacks was marked by indigestion, distention, etc. Her stools remained natural in color, but constipation was constant. At no time was there any evidence of jaundice. Of late the attacks had become so severe that her physician sent her to me for operation. The usual incision was made, the gall-bladder brought up and opened. At the distal end a walled off abscess was found, which contained about one ounce of pus. In the gall-bladder proper was a large stone, not colored like the others, perfectly round and presenting no facet. I have it here in this bottle. The gall-bladder was stitched to the peritoneum and the usual drainage employed. The drainage ceased on the tenth day and the woman left the hospital on the fifteenth.

Case 6. Mrs. —, 58 years of age. She was the mother of two children, the youngest 24 years old. She gave a history of colic and indigestion for ten years. She had had typhoid fever when young. Her whole body was decidedly safron colored. The usual incision was made, and the gall-bladder found to be so thickened that its cavity was entirely obliterated. I began and dissected it out at once. I could feel a large stone in the common duct, near the ampula of Vater. I attempted to push this along, but it mashed like putty under pressure. I enlarged my incision upward and inward until I could easily palpate and inspect the common duct. I then opened the duct and began with a scoop to clear it out. In this I encountered some difficulty, as it was packed with putty-like stuff and soft stones. When I thought I had it clear, I inserted a fishtail tube in the opening in the duct and anchored it there, anchored another split tube at the stump of the gall-bladder, and dropped still another in the sub-hepatic space. The patient did not do well until the third day, when normal bile began to flow and she improved. Quantities of gravel bile sand discharged for two weeks. The patient's health is improved, but she still has a biliary fistula which discharges intermittently.

Case 7. Mrs. —, 32 years of age. The patient was the mother of two children. Five years ago she had an attack of measles, followed by peritonitis and diarrhea. For four years she had suffered from dyspepsia, gastralgia, etc. Two years ago she was examined by a surgeon who discovered a loose kidney, which he anchored, also removing the appendix. For two months improvement was noticed, but after that her colic returned. I saw her three months ago, and believing that her distress came from the gall-bladder, advised operation, to which she consented. The usual incision was made and the gall-bladder easily found. It was soft and distended with black fluid, resembling tar, too thick to aspirate. The gall-bladder was therefore opened and cleared out with gauze sponges, stitched to the peritoneum and drained in the usual manner. The patient made a good recovery, has been able to eat liberally of any diet she likes and has had no intimation of colic since the operation.

Case 8. A man, 23 years of age. He had suffered with pain in the abdomen near McBurney's point and with "stomach cramps" for five years. For six days before being brought in he had been suffering intense abdominal pain,

and although there was no acute pain at this time, he was comfortable only when under the influence of morphine. The usual incision was made, discovering many firm adhesions, from which the gall-bladder had to be dug out. The appendix was pulled up into the incision, and as it was found looped upon itself, was removed. The gall-bladder was very much inflamed and diseased, and contained several ounces of black, tar-like fluid. Owing to the adhesions and to the fact that the liver was slightly movable, I could not attach the gall-bladder to the peritoneum. I therefore anchored a tube in the gall-bladder and let it drop back, placing gauze tucks all around the tube and closing the incision up to the gauze. In twenty-four hours bile was being discharged, and the patient improved steadily to recovery.

Case 9. Mrs. —, 32 years of age. The patient was the mother of three children. She gave a history of typhoid fever, colic beginning a year after the fever and extending over a period of eight years. Attacks became more and more frequent until she sought relief in operation. Cholecystostomy was performed and eight gall-stones removed. The fistula which followed discharged for four months. Since that time the patient has been in good health.

Case 10. Mrs. —, 48 years of age. The patient was the mother of nine children. For two years she had been having severe stomach cramps, pain in the right hypochondrium passing thro' to the right shoulder. Her attending physician made a diagnosis of gall stone disease, and she was sent to me for operation. The usual incision was made. There were no adhesions and no fluid in the gall-bladder, which was filled, however, with small stones, 97 in number, which I show you here. Bile began to flow before the patient was taken off the table, and continued for three days. After the effects of the anesthetic were gone the patient showed decided delirium which increased until it became wild and maniacal, and continued until she died on the third day.

From the above cases it will be seen:

(1) That there was present in every case a history of intestinal infection of some description, and that the infected gall-bladder dated back to this infection.

(2) That the degree of pain experienced has no relation to the number of stones present. (As shown by cases 3 and 5).

(3) That a colecystitis in which no stones exist, but in which the gall-bladder contains a viscid fluid too thick to be forced through the duct will occasion as much pain and as much toxemia as though the gall-bladder were full of stones.

(4) That among the intestinal infections previously alluded to chronic appendicitis is particularly liable to be associated with infection of the gall-bladder, appendicitis, loose kidney and diseases gall-bladder frequently co-existing.

(5) That cholecystectomy should not be done unless there is evidence that the gall-bladder is itself diseased.

(6) That there is a large percentage of cases in which jaundice does not occur even though the stone be present in the common duct.

(7) That the surgeon who waits for the graver "classic" symptoms such as jaundice, clay-colored stools, enlarged

liver, etc., which may never appear, makes a serious mistake and will miss the opportunity of relieving many patients who suffer from disease of the gall-bladder.

(8) That all cases, unless indications for immediate operative interference are present, should be tided over and brought to an interim operation.

Cholethithiasis.

(By Owen-Smith, M. D , Asheville, N. C.)

The statemeint that one in every ten cadavers we find biliary calculi; and in one-fourth of every female one, who has passed middle life, seems at first glance to be a rather broad assertion. But, when we take into consideration the doubtful and positive cases that have come under our own individual observation, with the anatomical, physiological, and pathological conditions of the parts involved, and instrumental in the formation—harboring and expulsion of calculi we will readily admit the falability of this statement.

The gall-bladder bears a close resemblance to the appendix, urinary bladder and renal pelvis, being practically a closed pouch. While they can readily empty themselves freely or even partially we do not have trouble. But, when obstruction does occur, either by a foreign body, or mechanical means, injury or simple catarrhal condition, within an organ so imperfectly drained as the gall-bladder, we are not surprised that infection, if not present, is an early antecedant and nearly always precedes the formation of calculi.

Women who have born children are more affected than men, in a ratio of 5-1.

Biliary calculi may be composed of (1) pure cholesterin, (2) stratified cholesterin, (3) pure or mixed bilirubin and calcium salts and (4) calcium.

The size and number of cauculi vary between such wide limits that I will not attempt to say anything definite here. Suffice it to say that a solitary calculus is usually about the size and shape of a hickory-nut or walnut, and, when they are present in numbers, the calculi are usually smaller, ranging down to sand, and are faceted for reciprocal pressure. The size of a calculus and the amount of pain experienced are in no way intimately connected or related. The accompanying inflammation or infection and position of the stone; as in the neck of the gall-bladder or cystic duct or papilla of the duodenum, are factors which determine the severity of symptoms far more than does the size of the calculus.

The color of a calculus is usually yellowish or brownish black, depending upon its composition. One composed of pure cholesterin is light and almost transparent.

The nucleus is most often bacteria but may be a foreign body, such as an intestinal worm, fruit kernel, part of distoma hepaticum or silk thread.

Calculi rarely, if ever, develope in any portion of the biliary tract except the gall-bladder. Their formation is due to or greatly enhanced by anything which obstructs the flow of bile—such as inflammation within or around the organ, tight lacing, pregnancy, muscular atrophy of old people, sedentary life, infrequent and irregular meals, faulty digestion, etc. Riedel assigns to heredity an important part in their formation. Kraus ascribes importance to rich diet and luxurious living and still many other writers to as many different causes. We do

know now beyond any reasonoble question that obstruction to the flow of bile is favorable to the formation of calculi, and that this formation is preceded by a lithogenous catarrh of the biliary passages especially the gall-bladder, and also that this catarrh is due to an infection set up by bacteria which enter the biliary tract, usually from the intestine, sometimes by the blood-stream or contiguity of structures. The typhoid bacillus and the bacillus coli comunis are the most frequent organisms found.

In about 95 per cent. of the cases of calculi in the gall-bladder there is a latent period or one in which these calculi do not give rise to any definite symptoms or physical signs. The cystic duct being open and the inflammatory process being very mild or having subsided.

When there is much inflammation or the calculi interfere with the free flow of bile there are definite symptoms. This inflammation may be serous, seropurulent, purulent, or gangrenous, leading to loosening of the mucous membrane with consequent transudation of serous or purulent fluid or to ulceration, perforation, cicatrisation, etc. If the inflammation subsides and the cystic duct is accluded by a cicatrix or calculus, the gall-bladder is distended and a steril hydrops is the result. But, if the infection continues there will develop empyema of the gall-bladder. If the calculus be a solitary one and is successfully passed thru the cystic duct into the common duct and intestine, or is dislodged after having been wedged into the neck, as is frequently the case, a cholthithiasis may be recovered from. But in a great majority of the cases the calculi will be present in numbers—late and hydrops is the result. If the keep up the inflammation and be the cause of recurrent attacks. The gall-bladder will gradually lose the power to empty itself.

If the serous coat of the gall-bladder or cystic duct is involved we will have a pericholecystitis with consequent adhesions and kinking as a result. These will obstruct the outflow of bile, favoring the continuance of infection within the gall-bladder and thereby produce attacks of colic similar to those produced by calculi, even tho they may have all passed successfully into the intestine.

A spontaneous cure of cholecystitis by the complete discharge of calculi thru the cystic and common ducts into the duodeum rarely if ever occurs. Sometimes a cure is affected by adhesions between the gall-bladder and the intestine (duodeuum or colon) with perforation and discharge of the calculi into the bowel. The gall-bladder may perforate into the stomach, urinary bladder, vagina, pelvis of kidney or an ovarian cyst. Rupture of the gall-bladder and discharge thru the umbilicus is more often seen. Spontaneous cure which occurs in such a manner is apt to remain incomplete unless it is completed by the surgeon.

When inflamation occurs in the gall-bladder this organ is at first dilated, but later is contracted and once contracted it does not again dilate. The walls may be composed almost entirely of cicatricial tissue or even become calcified.

While the calibre of the cystic duct is ordinarily very small (one line or less) it may become greatly dilated by the passage of calculi. Especially, if

the calculi be large or remain for sometime—when the muscular coats will hypertrophy. If the calculus finally passes on into the common duct the cystic duct may once more contract to normal or thereabouts depending on the amount of damage it has received. More often, the calculus has caused ulceration with a consequent cicatrix which may block the lumen. From these ciatraces or hypertrophy, a once normal tortuous duct may become a perfectly straight tube and unable to perform the normal function of the part.

So long as a calculus remains in the gall-bladder or cystic duct jaundice is very rarely seen at all. This being true in at least about 95 per cent of the cases. Also, there is not enlargement of the liver except perhaps for that portion immediately over the gall-bladder, which may be stretched into a tongue shaped lobe as described by Riedel and which he also says is often mistaken for a floating kidney. Once the calculus enters the common duct jaundice develops and continues until the duct dilates to permit the passage of bile or the calculus has safely reached the duodeuum. The pathological conditions produced by a calculus in the common duct are essentially the same as caused in the gall-bladder. But inflammation in the common duct may by extension, not only cause a localized peritonitis, but, owing to its anatomical relations cause a number of complications—among them thrombophlelitis with interference of the circulation giving rise to suppurative cholangitis and hepatic abscess. Also chronic interstitial pancreatitis is among the possibilities brought on by this condition.

Chronic obstruction of the common duct is often produced by a solitary calculus, but, in acute attacks we more often find several stones lying one behind the other.

The characteristic colic of biliary calculi has been ascribed by some as due to the inflammation, and, by others to the contraction of the muscles of the gall-bladder and ducts set up by the irritation. The former theory is certainly the more rational and generally accepted.

Biliary calculi with their irritation to the mucous membrane of the gall-bladder are more certainly factors in the stimulating of carcinoma of this organ.

From even this superficial glance at the pathological anatomy of biliary calculi, it is not surprising that the symptom complex should be so varied, and, at times mislead even the most wary and alert diagnostician. But with due appreciation and knowledge of the parts involved I believe that more cases of gastric and hepatic disorders, so-called, will be diagnosed as biliary calculi, and, not only that they are present in the biliary tract, but their exact location as well.

In a great number of cases calculi cause no symptoms, for, the gall-bladder will tolerate large numbers for an indefinite period. Indeed so long as the bile passes freely out of the gall-bladder thru the cystic duct there need be no symptoms. If the cystic duct is obstructed the secretions will accumulate and hydrops is the result. If the contents of the gall-bladder become infected, cholecystitis with tumor, pain, circumscribed peritonitis, fever, etc., will result. The more intense the infection the more severe are the symp-

toms. A contracted gall-bladder does not give rise to a palpable tumor.

A slow chronic infection with obstruction or retardation to the outflow of bile is sure to give rise to stone formation.

In a great number of cases with calculi the history will show "chronic indigestion" or "chronic gastric troubles," "hepatic torper" and the like. These are the symptoms we so often take for the disease *per se,* when the real trouble goes on unfound and so untreated.

Physical examination of many patients with calculi gives only a negative result, especially, if the gall-bladder is contracted as is apt to be the case in chronic inflammation or chronic obstruction of the common duct.

Biliary calculi are rarely passed at stool as they usually remain in the gall-bladder.

Calculi may perforate thru the gall-bladder into the intestine with little pain or fever or other symptoms which would lead us to suspect what is really taking place.

A calculus in the hepatic or common duct may not give rise to any definite symptoms so long as there is no infection and the bile is permitted to pass.

When a stone leaves the gall-bladder and begins its journey thru the cystic duct we have pain, or the characteristic biliary colic, with distension of the gall-bladder from retained secretions. This pain sets in abruptly in the right hypochondiac region and radiates to the right shoulder or is very intense in the epigastric and lower thoracic region. A rigor and rise of temperature may be present. Other cases have vomiting with profuse sweating. The circulation is markedly depressed. Spleen enlarged. Urine contains albumen with red corpuscles. These attacks of colic last from a few hours to several days. The calculus moves slowly in the cystic duct owing to its tortuous course and the Heisterian valves. If the cystic duct becomes blocked by the calculus, hydrops is the result and the enlarged gall-bladder becomes palpable but not very tender unless empyema is present. To elicit this tenderness, hook the fingers under the cartilage of the rigs and direct patient to take in a long breath, this inspiration will be cut short and stops instantly the second the gall-bladder is pushed down against the fingers. Reidel's tongue shaped lobe may also be felt. The epigastric pain is intense and the upper abdomen is distended with marked tenderness on pressure if local peritonitis is present.

In nearly every case with calculi, in the gall-bladder or cystic duct there is a tender spot on a line drawn from the middle of the 8th costal cartilage to the umbilicus. Fever may or may not be present and the constitutional symptoms are slight or severe according to the character of infection and inflammation present. If the calculus now passes on the attack will wear off, but, these patients rarely feel perfectly well and complain of digestive disorders and general debility. This ill-health is due to more gall stones in the gall-bladder or to the adhesions to neighboring tissues following the acute inflammation.

When the calculus passes on into the common duct we have jaundice well marked with severe colic, vomiting and frequently chills and fever. The pain caused by a calculus in the common duct radiates to the breast and back,

while pain from calculi in the gall-bladder is localized to that region and the stomach. These symptoms subside if the calculus passes on into the duodenum. Should the calculus not pass on but become permanently fixed in the common duct, the jaundice is intense and constant. Jaundice will be intermittent in case of a ball-valve stone. The common situation for the latter is at the juncture of the pancreatic and common ducts or ampulla of Vater. With the complete obstruction the stools are colorless or clay colored while in the ball-valve obstruction, like the jaundice, the stools are bile stained at times while at others it is lacking. The urine is full of bile. Intermittent fever and pain may be present. Patient loses flesh and becomes cachectic taking on a hemorthagic diathesis. Vomiting is frequent. Skin very itchy. Gall-bladder is contracted and liver enlarged. Courvoisier has pointed out the fact that in chronic obstruction of the common duct by calculus the gall-bladder is contracted while in chronic obstruction by other causes, such as tumor, the gall-bladder is usually enlarged. I may add here too by way of differential diagnosis that in chronic obstruction of the common duct by a tumor of pancreas, duodenum or common duct itself the jaundice is marked and constant, but comes on very gradually. Stools are always gray. No fever or pain. As stated above gall-bladder and liver are enlarged but there is no tenderness on pressure.

Often in obstruction of the common duct the gall-bladder perforates the intestine—then jaundice and other symptoms will disappear as soon as the infection subsides.

When it comes to the treatment notwithstanding the fact that surgery has made such strides in the treatment and cure of cholelithiasis I am aware that, still there is a diversity of opinion both among physicians and surgeons. But I believe more practitioners are coming every day to realize that surgery promises more hope and permanent good, if not absolute alleviation and cure, than does the permiscus dosing of patients with all sorts of drugs from Durand's turpentine and ether mixture down to castile soap, and none of which will dissolve biliary calculi as claimed.

I believe that medical treatment does cure in some few selected cases and help very materially in others. But, in about one-half of even those we thought cured or helped, it has only produced a latent period in the disease and thereby lulled us into a false sense of security from which we are awakened by the return of the patient with the same old pain or in a state of health far below par. Then other remedies are sought, or perhaps the surgeon, as a last resort.

An acute serous or seropurulent inflammation of the gall-bladder, with perhaps marked distention, may disappear during internal treatment, but it may also lead to adhesions and perforation with the usual consequences. The operation procedure in these cases has so slight a risk that it ought to be given preference over internal treatment and thereby also avoid the complications and sequelae I have tried to show you above.

Reidel advises "always operate while the calculus is still in the gall-bladder and easily accessible." This is nearing the ideal but how few of us get the

cases for operation in the very early period or inspiency?

While there may be a latent period or interval, the ever recurring attacks of colic and resultant digestive disturbances from adhesions and cicatraces following the inflammation caused by calculi in the gall-bladder or cystic duct will finally wear a patient out and incapacitate him for daily exercise of his duties. In the majority or such cases a simple operation will relieve and put an end not only to the annoyance but the disease.

All acute cases of suppurative cholecystitis with chronic obstruction of the cystic duct demand immediate operation.

A calculus in the common duct may pass on thru safely with the administration of chloroform or morphia with atropine in the acute attacks and with alkalies and the proper baths, diet, exercise or alkaline salts in the less acute. But, we must even then be ever on the alert for cholemia and infection, and don't postpone operative procedure until it is too late.

It is not infrequent we see patients who have contracted the morphine habit from taking this drug to relieve the biliary colic or pain. An operation to relieve the trouble usually also cures the pernicious habit.

Operative measures offer the only relief for the adhesions as described above.

I hope you will agree with me that we must not hang all our faith on such very evident symptoms as pain, jaundice and enlarged gall-bladder and liver to make a diagnosis of biliary calculi. But, with these and other symptoms ferret out an early diagnosis—locate the calculi and remove them. We will thereby avoid the blocking of ducts or the sequelae therefrom and perhaps remove the irritation that would set up malignant growth or otherwise undermine a strong constitution.

Operation is contraindicated in acute obstruction of the common duct in very old individuals, diabetics, also in arterio-sclerosis, cardiac or pulmonary disease or very stout phlethoric persons.

Also in cases of repeated attacks of icterus with discharge of small calculi, provided the patient enjoys good health between attacks, the indications for operation is less urgent.

In all other cases than those just made mention of as cantraindicated operative procedure is the ideal treatment and offers the greatest percentage of absolute cures.

(Read before Buncombe County Medical Society, July, 1906.)

A Plea for the More Frequent Autopsies in Private Practice.

Not long since a medical friend of mine, who does quite a good deal of surgery, closed an account of a very interesting case by saying, "But we sewed him up and had to let him die without knowing the cause of his death." I asked "did you find out the cause afterwards? His reply was, "No, an autopsy was not held."

The frequent occurrence of cases of this kind was doubtless what our Secretary had in mind when he asked me to present a paper on the subject I have announced. I was more than glad to do so, because within the last few years, I have been more impressed than ever before with the value to all parties concerned of more frequent autopsies than are now held.

Pathology has assumed an importance never before held in the schedules of medical education. Some one has said that it is not unfair to other departments of the Medical School to say that the work of the Pathologic department is the most important work in any one department of the medical course. As conducted in the larger institutions Pathology is taken up in second year of the course, and continued in one form or other throughout the remainder of the curiculum covering the last three years. In these institutions, and in the hospitals connected therewith, it is the rule with, of course, occasional exceptions, to require a post mortem in case of every death. These post mortems furnish the material for study. The points of fundamental importance at the post mortem are: First, to confirm or disaffirm the diagnosis made before death. Second, to gain information that will make the diagnosis of similar cases easier and more definite in the future.

Third, To increase our knowledge of the diseased condition of the body.

With these ends in view, and bearing in mind the history of the case with the symptoms that were presented, a careful examination of the body is made, and all the important organs examined with reference to gross lesions that may be apparent to the naked eye; and in addition to this, the Pathologist separates and preserves portions of diseased tissue for future examination under the microscope.

To demonstrate pathology successfully, one should be able not only to show the morbid changes in the tissues, but also to trace the connection between these changes and the symptoms or morbid physiology as presented during life. The higher aim of post mortems and the studies in pathology based thereon is to place the physician in that position where when certain symptoms are presented to his eye, to his touch and to his ear, he can so interpret them as to see with the mind's eye the morbid changes that have taken place in the diseased tissues and organs.

It will be universally admitted that all this is of fundamental importance in a well-conducted medical school, but the point that I wish to make is: that in Private Practice we deprive ourselves of much that is helpful in not pursuing studies along the same line. It may not often be the case that we will be called upon to do a post mortem for the purposes mentioned as number one, but the points Two and Three will more frequently give us cause for making the post mortem, and I wish especially to call attention to No. two in Private Practice. "To gain information that will make the diagnosis of similar cases easier and more certain in the future."

There are many obscure cases that present symptoms that we cannot thoroughly explain, we see nothing to cause death, but in spite of our best efforts the patient gradually declines and dies; or it may be that a person dies suddenly, and the physician is called in afterwards and always expected to give an opinion as to the cause of death.

There is a natural prejudice on the part of every one against having the beloved dead disfigured or subjected to the surgeon's knife in any way. In deference to this feeling and with profound sympathy for the sorrowing ones, the physician is reluctant to ask for a privilege which would seem to

have the cold aspect of scientific investigation, and, yet, I am convinced that the friends, after proper explanation, would in a large number of cases gladly agree to a post mortem. I have been agreeably surprised at the number of cases where this privilege has been accorded to me in Private Practice. It is seldom the case that an autopsy of this kind can be made as complete as is done in Institutiontl Work, and the physician should modify the operation in every particular to meet the demands of the situation and the wishes of the friends. As illustrating a method that may be pursued, I will state briefly the details of a post mortem held in a country home during the past year:

The patient was a man of forty-six years of age, who about nine months previously, had been operated on by an intelligent surgeon for the removal of a growth on the left arm. Unfortunately a microscopic inspection was not made of the growth but the gross specimen was pronounced by the surgeon a Sarcoma. Without going into the details of the clinical history, I was called in consultation with a view to operating for a supposed Sarcoma under the right arm, this was about six weeks before his death. I found in addition to a very large tumor in the right side, immediately below the axilla, a small, soft growth in front of the sternum; another growth on the left arm, the size of a goose egg; and also a very decided enlargement in the right inguinal region. The urinary examination showed slight albumen and a few tube casts. The heart and circulation presented nothing abnormal. The lungs presented no dullness on percussion, or rales, and there was no cough. There was a slight roughness about the respiratory murmur, but to which I am frank to confess I did not attach much importance. Under the circumstances, however, I considered an operation out of the question, and so advised. I also confessed my inability to make a satisfactory diagnosis.

After the patient's death the attending physician, who was a very progressive young man, suggested that we ask the family to allow a post mortem. We went direct to the sorrowing widow. At first she hesitated, but presently agreed, saying that we must not take any part of him away. I told her we would, of course, observe her wishes, but requested that she would modify this condition by allowing us to take a small particle from each organ examined, and we would promise that everything else should be replaced, and the smallest disfigurement possible made. She agreed to it, and she, of course, agreed for the several doctors present to witness the work, and also permitted a number of male friends of the deceased to remain in the room.

I can truly say that I have never had a more interested group to hear me lecture than were those farmers who gathered around the death table on that afternoon. I explained to them candidly the occasion for what we were doing. It was a case that we physicians did not thoroughly understand. We treated symptoms as they arose, and relieved conditions as far as possible, but we were baffled all along the line, and did not even know the nature of our enemy. We had asked, therefore, for the privilege of making this examination in order that we might find out whatever could be revealed by the examination of the internal organs. This could be of no

benefit or harm to the dead; it probably would be of no direct benefit to his living family, but for the information of the doctors in what had been to them an interesting as well as obscure case, this post mortem had been requested and granted. It might be of benefit to them in treating similar cases, should they arise in future, and at any rate it would give them a broader knowledge of the changes that may be found in the body and the connection between them and the symptoms as presented during life. I expressed our appreciation of the privilege granted us, and demonstrated, as I proceeded with the work, the various organs, pointing out the deviations from the normal where found. As already said, the farmers were as interested as the doctors in the examination, and they were especially pleased as I held up the appendix and showed them the little organ that they had already heard so much about as the seat of trouble in appendicitis. As I showed them the lungs, and pointed out numerous small tubercles scattered here and there, they appreciated the significance of the term "The first stage of pulmonary tuberculosis." When I exposed the tumor in the side, and found an immense mass squeezed between the ribs and protruding beyond, so as to press the lung out of all shape, none of us could doubt the explanation of the pain that this growth had been causing. The large growth in the inguinal region, the enlarged mesenteric glands and the comparatively normal condition of most of the other organs were examned with interest. When the kidneys were taken up, however, they were seen to be swollen and irregular. Several incisions revealed numerous small abscesses at the sight of which even the laymen present wondered how he could live a day with such organs. Here was sufficient and certain cause of death even though we could have arrested the disease in the lungs and removed all the growths that had at first given so much concern. Every one present seemed to be satisfied with the explanation given for taking a part of the morbid growths and diseased organs for examination under the microscope. and also sections from the organs that did not show disease to the naked eye to ascertain if any changes could be revealed in them by the microscope.

A similar method of proceedure, modified to meet different circumstances, would be of immense advantage to the Practitioner, the public would gradually become accustomed to it and people will respect the physicians who approach the matter in the proper spirit.

(NOTE.—The above paper was read before the North Carolina Medical Association at its Charlotte meeting. We believe autopsies should be made more frequently than they are, hence publish the paper hoping to create interest, although the author did not place his name on his manuscript.—EDITOR.)

Medical Thoughts, Facts and Fancies.

By James S. Sprague, Stirling, Ont. Examiner Mat. Med. and Pharm. Coll. Physicians and Surgeons.—Ex-Examiner Med. Juris. Trin. Univ.—Author Medical Ethics and Cognate Subjects; (Ideals in Medicine, Etc., in Press.)

As a contributor to Medical Journals for more than thirty-six years it is with more than ordinary judgment I am thus pardonable for giving expression to my views in regard to the literature therein published; and, to further endorse my capabilities as judge, (and such statement is made not egotistical-

ly, but with all humility). I, by way of further introduction, tell you that I am a regular contributor to five Medical Journals, and that too, some ten or twelve journals—containing reprints, or original articles furnished by me, are frequently received at one date, *The Carolina Medical Journal* is before me and "I have read it o'er and o'er, and ilka time I lo'ed it more"—no one Journal, judging by the April copy, so well approaches my ideal in regard to "Original Communications" and "Selections from Exchanges," (the last named, not for the reason that my humble paper was published, no!)—Now, in regard to these two well marked divisions, such as we of the city, of the town, the village and the four corners, are wanting, and for many years have wanted, in fact, "wherever the language of Shakespeare is spoken or the Songs of Burns are in the air" there is an urgent demand for literature of this exalted, this purely ethical type, for assuredly it is essential for us to stick to eash other, and to our profession, if not, we most assuredly will suffer individually, and our profession much debased thereby. Ethics and co-operation are strong characteristics throughout your Journal—most valuable considerations to him who loves his profession—to him who is not ashamed to live and not afraid to die—but not to him who is too lazy to work, too proud to beg, and too honest to steal, too egotistical and too much a believer that in medicine there is no fraternity, that Medicine is a *business* and not a *profession*—that when the ignoble crowd, the great unwashed address him as *Doc.* and equally so address the Veterinary or Farrier, and with the same disrespect, he smiles and the profession mourns that such idiots are tolerated and even have to be nursed—even for the honor of medicine. Of such degenerates, who most unfortunately won our M. D. degree—those of the vilest of men—of the *Dr. Bub* class, most lamentably we, and you have, they are those who recommend proprietary, so-called Eth-pharmacal Medicines. Thank God, in a State where noble men live, and your Journal tells it—where chivalry and knighthood are still in flower—you to all your sister States, not only in your License requirements, and the limitation to three Universities from which M. D. is given, are giving a noble lesson. My dear friends, Dr. A. M. Trawick, Nashville, Tenn., Dr. J. M. Mathews, Louisville, Ky., Dr. T. S. Happel, Trenton, Tenn., have given me abundant proofs of the many excellencies of character, many and noble virtues, that I am in love with such men. Thank God, my life has been blessed by the acquaintance with them. I mourn for the loss of dear Dr. Brodnax, of Brodnax, La. I keep his most precious letters; tears are in my eyes while now reading that his family was left in poverty—is it not sad? Sad to think that he, who assisted all of us so mush by his writings, should thus die.

"Aliis Inserviendo Consumuntur
Aliis Medendo Moriuntur."

Such awaits us—"The path of glory leads but to the grave."

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"Purpurus veluti cum vos, Succisus aratro, languescit Moriens."..Virgil. dear Brodnax! cut down at three score of years. His death gives us another claim on Heaven, and we well know there are ledgers in Heaven, ledgers full of good acts and the name: Ben.

Brodnax, M. D., is recorded, and the page is full.

"Over the river they beckon to me,
Loved ones who have passed to the other shore.
The gleam of their snowy robes I see,
But their voices are lost in the dashing tide."

There is no "Pent up Utica" in our profession—that is, when we are true to it, and are ethical; are its worshippers, true to this thought:

"If I lose myself
I save myself"

and to this thought:

"We are here not to get all we can of life for ourselves, but to try to make the lives of others happier" and to fully believe that lofty idealism of Sydenham, one of our most illustrious fathers, who said: "As long as Almighty God shall give me life, I shall press forward to my avowed end of doing all the good I can in my calling."—can I do this work as a Doctor, by prescribing medicine, of whose composition I know nothing—whose mixtures or ingredients are not named in the official lists and not incorporated in our national or standard ethical works? What are you doing? Are you so forgetful of your honored position—as a member of a most learned profession—(none more so) as to be the vender of quack preparations—even if Medical Journals disgrace themselves, and us by their advertisements? If so, take a moment for self study, self accusation, self humility. Do you feel as if worthy to be classed among those who are true to medicine, or as traitors? How would you feel, if in court, the judge asked you to name the medicines you gave, the composition, etc., and it was one of the quack compounds—such which are named to the disgrace of medicine, in so-called Medical Journals?

Other Journals, naming this valued Medical Journal, I wish would copy this sketch and send me the reprints, and the Journals named in a recent copy of Medical World are most urgently requested to copy. Such Journals Dr. C. F. Taylor names as those that announce a secret preparation whose principal Journal is often seen and for sale at "news-stands"—and which the tailor, the butcher, yes, even the virtuous maiden innocently purchases—which now and then is sent to you, but to me no more, if so, the fire would soon embrace it, or it would be at once returned, (after purifying myself and my office) with a request: "Please do not send this so-called Medical Journals—this Almanacoid Journal—erroneously called Medical." This century opens with much evidence that there are those who want to make it the most glorious in the list. One in which Life Insurance frauds, and others equally as base, misleading and publicly encouraged, can not exist, and why should not Medical Journals announce medical frauds and silently leave the Collier Monthly and other advanced Journals to do honest work for us—work that our confiding patients, and we ourselves consider as imperative, and to safeguard our own honor and that of our profession? Announce me as a frequent contributor to *Carolina Medical Journal.*

I am a firm believer our times demand men, who in Medicine have "steadfastness of purpose and devotion to an idea," especially in upholding medical ethics.

Yet, with malice towards none, (to use the immortal Lincoln's words) with charity towards all, with firmness in the right, as God gives us to see the right, let us strive on to finish the work we are in"—"to pluck a thistle and plant a flower wherever a flower will grow." Remembering too, although we do not possess equal mental gifts, yet, "For ilka blade of grass keps its one drop o' dew."

If this paper proves worthy of attention and deserving of publication, use it, and I pledge you more for your honorable Journal, and my friends, your subscriber, Dr. A. L. Benedict, in New York Medical Times, reminds or tells us:

"We are on the rising of professional organization and professional influence and, if we take the tide at its flood, it will sweep away all serious opposition to medical solidarity and, during the ebb, if ebb there be, there will remain no more strenuous task than the clearing away of debris."

If so, we want all those whose hearts are true, to assist us to higher ideals.

A Stndy of One of the Common Drugs —Belladonna.

By R. E Mason, M. D., Ex-Prof. Therapeutics North Carolina Medical College, and Visiting Physician to the Presbyterian Hospital, Charlotte, N. C.

It would at first thought seem that such an old drug as Belladonna would never be selected as a subject for a paper before this learned Society in preference to some of the newer drugs, but I trust that while this paper is on an old subject I may at least be able to recall to your minds some uses long forgotten if I am unable to present anything new.

Atropa, Belladonna, common name, Deadly Nightshade; Natural Order, Solanacae; habitat, Europe and Asia Minor has as its chief chemical constituent, Atropine upon which its entire action depends.

Preparations and administration:

Extract Belladonna Leaves, Alcoholic, Dose 1-8 to 3-4 gr.

Tincture Belladonna Leaves, Dose 5 to 20 minims.

Fluid Extract Belladonna Root, Dose 1 to 3 minims.

Belladonna Plaster. For external use.

Belladonna Ointment. For external use.

Belladonna Liniment. For external use.

Flaxen haired blonds are very susceptible to this drug while children bear relatively larger doses than adults. Idiosyncrasies are common but serious results rarely follow its administration.

Physiological Action.

External.—Belladonna applied locally acts as a local anesthetic and anodyne because it depresses the ending of the sensory nerves. It first contracts then dilates the blood vessels and diminishes the secretion of the skin. If rubbed into the skin it is usually combined with such drugs as alcohol, glycerin, camphor or lanolin which possess the property of passing thru the skin as it does not readily pass thru an unbroken surface.

Internal.—The main action of belladonna is to depress the activity of nearly all varieties of nerves especially those of secretion, sensation, and the motor nerves of unstriated muscle and to first stimulate then depress the three great medullary centers.

Secretory Nerves.—The activity of all the secretory nerves is diminished

and their respective secretions lessened, except the urine which is usually increased.

Mouth.—The mouth becomes dry after the administration of belladonna because the chorda-tympani is paralysed therefore a lack of secretion of saliva and mucus results.

Sweat Glands.—The nerves governing the secretion of sweat are also paralysed causing a diminution of the sweat.

Bronchial Mucous Membrane.—The secretion from this membrane is also lessened and the sensibility diminished.

Mammary Gland.—The secretion of this gland, like the others mentioned, is diminished or arrested by the use of belladonna or atropine whether applied locally or given internally.

Involuntary Muscles and Their Nerves.

Stomach and Intestines.—Small doses of belladonna or atropine increases peristalsis but large doses paralyse the nerve endings and peristalsis completely arrested. Gastric secretion is diminished.

Eye and Its Nerves.—In this case the terminations of the third nerve are paralysed and the pupil dilates. Accommodation is also paralysed.

Heart and Its Nerves.—The terminations of the Vagus nerve are momentarily stimulated then paralysed therefore the number of the heart beats per minute are increased.

Vasomotor Nerves. — Medicinal doses of belladonna or atropine cause a constriction of the blood vessels in the splanchnic area due to stimulation of the vasoconstrictor center. It also stimulates the vasodilator center for the vessels of the skin which explains the flushing of the skin which often follows its administration.

The blood presure is raised because of the combined action on the heart and blood vessels.

Respiration and Its Nerve:.—Both the afferent and efferent nerve endings of the vagus are paralysed by the administration of this drug and this allows a relaxation and dilatation of the trachea and bronchial tubes.

Belladonna is not the respiratory stimulant it was once supposed to be for while it first stimulates the respiratory centers its stimulating action is soon followed, in many cases, by depression which makes it a very unreliable respiratory stimulant.

Brain.—Its action upon the brain is first that of a stimulant but if the dose in large delirium soon follows which in turn is followed by coma.

Difference in Action Between Belladonna, Hyocyamus and Stramonium.

Hyocyamus is the best drug to combine with purgatives as it is more effective in preventing griping as it has greater power over peristalsis. It is also more of a sedative on the unstriped urinary muscle and in diseases of the urinary tract it is often indicated in preference to belladonna.

Stramonium has greater relaxing power over the tracheal and bronchial muscles.

With the exception of the above differences belladonna is the best drug to use as it is the most certain in action therefore the most reliable.

Uses.

External.—Belladonna is of use in the pain of inflamation, particularly that of gout, myalgia, lumbago and neuralgia due to peripheral disturb-

ances. In these cases atropine may be used hypodermically and a very small amount of morphine greatly enhances its pain relieving properties. The ointment or plaster may be used instead of the hypodermic but if an ointment is thought advisable because atropine possesses all the virtue of belladonna an ointment of atropine is preferable to the unclean and unsightly official belladonna ointment.

A solution of atropine, one grain to the ounce, in glycerin rubbed into the breast combined with a dry diet and compression is the best method of drying up the secretion of milk. In mastitis a pledget of cotton saturated in this glycerin solution of atropine applied to the breasts usually is all the treatment necessary but if abscess is threatened fluid extract of Phytolacca, 10 minims in water every three hours added to this treatment seldom fails to prevent the abscess.

A four to eight grain aqueous solution of atropine dropped into the eye is the classical treatment for iritis. It prevents adhesions, empties the engorged bloodvessels and if adhesions have been formed this treatment is usually succesful in breaking them down. If any difficulty is experienced in breaking down adhesions that have been formed a solution of physostigmine may be used to contract the pupil and then the solution of atropine again used and in this manner most adhesions can be destroyed.

In perforating corneal ulcers this solution of atropine is again indicated as the dilatation of the pupil relieves a prolapse of the iris if it has occurred and prevents it if it has not.

Abscesses, carbuncles, superficial ulcers and other like conditions are quickly cured by ointment of belladonna or atropine and pruritus ani, anal fissures and ulcers repond to the same treatment. Most excellent results have been secured in the last named conditions by the use of the following combination:

R	Atropine	gr. ½ to 1
	Calomel	oz. 3
	Phenol	gr. 8 to 12
	Petroleum Q. S. to stiff paste.	
	Ungt.	

Sig: Apply once or twice daily.

This ointment has all the virtue of belladonna ointment and does not soil the clothing.

Belladonna ointment usually combined with mercurial ointment, ichthyol and other drugs of this class is of great value in reducing chronic enlargement of the glands as well as chronic inflammations of the joints and ligaments.

The ointment applied to the perineum is of great benefit in cystitis, spasm of the urethra, bladder and prostate but belladonna in some form should also be used internally.

The ointment smeared around the os and on the neck of the uterus is of service in relaxing the os in spasmodic dysmenorrhoea and in labor and while it gives good results even when used in the form of a supositary, chloral, viburnum, ipecac, manual or instrumental dilatation are the measures that are usually employed.

Local sweating is much benefitted by local applications of this drug but in this case also other drugs, among them, formaldehyde is probably the best treatment in many cases.

Belladonna plaster is an excellent treatment for cardiac irritability when applied over the organ. The plaster

is also useful in pleurisy and pleurodynia.

INTERNAL.

ON THE BRAIN AND SPINAL CHORD.—Belladonna stimulates the three great medullary centers and this is the use to which it is usually put.

By contracting the bloodvessels, causing them to regain their normal tone it is of no use in congestive headaches, meningitis, myelitis and encephelitis but ergot hypodermically surpasses it in my experience.

RESPIRATORY TRACT.—Belladonna is of use in many cases of hay fever and in acute coryza with profuse secretion it gives most satisfactory results. The following prescription has been used by me for a number of years with universally good results:

℞

Quinia Hyd. Dovers Po. Camphorated. aa	gr. 24 to 30
Po. Ex. Belladonna	gr. 2
Po. Aloin	gr. 3
Po. Capsicum	gr. 12

Caps. 12.

Sig: One capsule every three hours

A bland antiseptic nasal spray or douche is an adjuvant of value but has seldom been found necessary, in my experience.

Camphorated Dover's powder must be used in this prescription as plain Dover's powder will not give the same results.

Sore throat, with fever, redness and swollen tonsils is much benefitted by the use of belladonna, usually combined with acouite.

Asthma is probably best treated, in the majority of cases, by a hypodermic injection of atropine, 1-100 grain, glonoin, 1-100 grain and morphine, 1-8 to 1-4 grain which may be repeated in an hour if necessary.

Bronchitis and pneumonia, with profuse watery secretion, especially when there is also cardiac and respiratory failure with relaxed bloodvessels belladonna is of marked value and should be administered in full doses. If in pneumonia we have cardiac and respiratory failure but have no excessive bronchial secretion then strychnine or sparteine is indicated and should be given in doses of 1-30 grain for strychnine and one to two grains for sparteine every two to four hours until the desired effect is produced.

Irritable cough, without profuse secretion, is much benefitted by the use of this drug because of its sedative action on the nerve endings of the bronchial mucous membrane. Whooping cough probably has no better treatment than by the use of this drug but to get the best results it must be given in large doses and as will be remembered children stand the drug well, the best method of administration is to prescribe a solution of one grain of atropine to the ounce and direct that the patient be given one drop at the first dose and increase one drop each dose until the paroxysms are relieved or the classical symptoms of belladonna appear.

Opium poisoning is often treated by the administration of belladonna and this is mentioned because in my experience strychnine has proven a better antidote and so has caffeine given better results than strong black coffee.

Under this head probably the best place to mention the use of this drug for the night sweats of phthisis. Given hypodermically 1-100 to 1-60 grain at bedtime is one of the best treatments

for this unpleasant condition. As the night sweats are principally caused by a depression of the vital powers strychnine is of advantage to combine with this treatment. If the hypodermic method is objectionable the same dose may be administered by mouth in a solution containing 15 drops of aromatic sulphuric acid, in addition to the atropine, which gives it a more decided effect.

Heart and Bloodvessels.—Belladonna is of use in sudden cardiac failure altho strychnine usually gives better results but in irritable heart and for the relief of cardiac pain and distress it is to be preferred to the great majority of drugs. In sudden heart failure from the use of chloroform it has saved life after all other drugs had failed.

Because of the additional supply of blood that is sent to the skin this drug is valuable in the eruptive fevers where the rash is delayed in which case it may well be combined with aconite.

Inaccessible hemorrhages seem to be more favorably influenced by the use of belladonna than by any other drug and in these cases it should always be given hypodermically, preferably combined with a small dose of morphine to relieve the restlessness and alarmed state of the patient. It should always be combined with ergot in the treatment of post partum hemorrhage and it acts very favorably in menorrhagia and metroraghia.

Digestive Tract.—Because of the diminution of the secretion of saliva and mucus after the administration of belladonna it should be used in the ptyalism of mercury and of pregnancy.

In hyperchlorhydria, gastric ulcer and other conditions requiring that the amount of gastric secretion be diminished belladonna gives excellent results.

This drug is also of great value to combine with purgatives and laxatives as it seems to prevent irregular peristalsis and in this manner prevents griping that would otherwise follow their administration. It also has laxative properties and combined with strychnine and physostigmine it gives most excellent results in constipation from atony of the bowels.

It has a beneficial effect in serous diarrhoea by giving tone to the intestaines and in this manner relieves this condition and in cholera infantum it seems to antagonize the poison and has saved life when the case seemed hopeless.

Gastric, intestinal, hepatic, and lead colic are well treated by the hypodermic administration of atropine and again morphine gives an ideal combination. Intussusception, volvulus, appendicitis, strangulated hernia and obstruction are markedly benefitted by the administration of belladonna, because of its known power of relaxing spasm and stopping peristalsis when given in large doses.

In volvulus and intussusception, as stated above, it must be given in large doses for in these cases we wish to paralyse the peristaltic action of the intestines and in this manner relieve the undesirable condition of the patient. This treatment should always be given a trial for even when itt is not successful in relieving the volvulus or intussusception it acts in a favorable manner over the blood supply to the parts and gangrene seldom occurs.

Cases of intussusception treated in this manner and in which the treatment was not successful and which were sub-

sequently operated upon were found to be in a condition which at first sight seemed to be gangrenous but upon the relief of compression the tissues soon regained their normal appearance.

In appendicitis where the pain is paroxysmal and in cases where gangrene is feared, in my opinion, belladonna is indicated because in the first case the pain is caused by an occlusion of the mouth of the appendix and in the latter case by a cutting off of the blood supply or because the tissues are overwhelmed by the germs present and in both of these cases because it relaxes spasms and increases the blood supply it is indicated and should be used. Again when the mouth of the appendix remain patulous from the use of this drug or from any other cause there will not be as much accumulated mucus and germs remaining in the appendix and the less mucus and virulent germs in the appendix the less danger from gangrene and rupture. This treatment will in no wise interfere with any other treatment and because of this fact alone it should be given a trial.

In strangulated hernia the patients hips should be elevated, an ice bag applied and 1-150 grain of atropine administered hypodermically every hour until its full effects are produced and this treatment should be considered before an operation is done, especially if the patients surroundings are unfavorable.

In spasm of anal sphincter due to ulcer or fissure the drug is of decided value as it tends to cure as well as to relieve.

Genito-Urinary Tract.—Pyelitis is favorably influenced by belladonna as is also nephritic colic in which case it should be given hypodermically in moderately large doses combined with morphine.

It is also useful in spasm of the bladder occuring in cystitis, calculas or from any other cause.

Prostatitis is also well treated by the administration of suppositories which are also very commonly used in the other conditions just mentioned, usually the aqueous extract being preferred.

Incontinence of children is another condition well treated by this drug when caused by a relaxed vesical sphincter or an irritability of the vesical mucous membrane. It gives tone to the sphincter and as atropine is excreted by the urine it caused the mucous membrane to be continually bathed in a weak solution of atropine which acts as a local anesthetic and in this manner prevents it from sending erroneous messages to the brain. To be effective it must be given in large doses and in this case as in whooping cough a solution of one grain of atropine to the ounce should be prescribed and the dose should be gradually increased.

Spermatorrhoea caused by lack of tone of the organs is well treated by the administration of belladonna in some form, combined with good hygenic surroundings and the assurance of recovery.

As previously mentioned applied locally belladonna is of value in spasm of the os uteri and while it has not so marked effect when given internally as when applied locally still it is of value. In ovarian neuralgia and other painful pelvic affections it gives most satisfactory results but in the majortiy of these cases it should be combined with other drugs having pain relieving properties and the patient should also

receive general tonics, such as iron, quinine and strychnine.

Abuses.—Belladonna is useful in so many diseases that it is hard to find anything in which it is contra-indicated but it is not advisable to use it in deep corneal ulcers in which rupture is threatened, neither should it be used in glaucoma for in either of these conditions an increased intra-ocular tension, such as produced by belladonna is very apt to produce irrepairable injury.

It should not be combined with morphine in the treatment of puerperal eclampsia because it stops the secretion of sweat which should be increased instead of being diminished besides it is of no use in spasms except those of involuntary muscles, especially those of the hollow organs.

It is quite probable that the above nearly covers the abuses of belladonna but in opium narcosis it is very liable to be abused unless very carefully administered as it is very easy to superimpose a belladonna narcosis upon an opium narcosis.

ABSTRACTS.

The Surgical Treatment of Puerperal Pyemia.

In his introductory address on surgery before the Section of Surgery and Anatomy of the American Medical Association, Professor Trendelenburg, Leipzig, Germany (Journal A. M. A., July 14), treats especially of the surgical treatment of puerperal pyemia. He points out that at the present time we ordinarily have only to deal with pyemia as it occurs from aural or uterine infection. The surgical treatment of otitic pyemia by clearing out of the thrombosed transverse sinus, with or without ligature of the jugular vein, is well established, the only differences of opinion being confined to details. He asks why this same plan of surgical procedure can not be followed in puerperal pyemia with like good results. He points out the pathologic similarities between the conditions and questions the statistics that have been used or that may be used against the employment of surgical measures for the relief of this condition. Even with a mortality of only 50 per cent under non-surgical treatment it is one of the most serious and fatal maladies to which women are subject. The as yet limited number of successful cases of ligature of the pelvic veins for this condition indicates that we are on the right track and he believes that the surgical treatment favor as has that of otitic pyemia. The prognosis can only be favorable in acute cases with early operation, as the thrombotic process rapidly extends upward, even to the vena cava, while in the chronic cases its advance may be restricted to the internal iliac and ovarian veins after a lapse of several weeks. Although a sufficient collateral circulation may be established even after obliteration of the vena cava, he would not advocate this procedure. He does advise, however, ligation of the internal iliac and ovarian veins at an early period in acute puerperal pyemia in order to prevent the extension upward of the thrombosis. In cases of doubeful diagnosis an exploratory exposure of these veins is in his opinion as justifiable as in cases of abdominal injury or in gas-

tric cancer. The danger of such an operation is not to be considered in comparison with the greater one that threatens the patient's life from the disease. The relative merits of the transperitoneal and the extraperitoneal routes for the operation are discussed. The former is perhaps the simpler, but it involves the danger or peritoneal infection by the septic meterial from the veins when the latter are opened accidentally or otherwise, and they can not be cleaned out thoroughly for this reason. The extraperitoneal operation calls for a much larger incision if the veins are followed up to their full extent, and is perhaps also more difficult and tedious. The danger to the peritoneum, however, is lessened, and the veins can be opened and cleared out. Experience has not shown the invariable necessity, of the latter procedure as practiced by otologists on the sinus; the exclusion of the thrombus from the circulation, by ligation, preventing the contamination of the venous blood often seems all sufficient for the purpose. The incision is made as for ligation of the iliac artery, above Poupart's ligament, and then upward to the tip of the eleventh rib. It may be possible to utilize both methods with advantage; experience must decide.

The Treatment of Lateral Curvature.

R. W. Lovett, Boston,) Jouranl of A. M. A., June 23), considers the subject of lateral curvature, which probably exists to some extent in 25 per cent. of school children. Two general types are recognized: the postural or functional, and the structural. The first and most common of these is a malposition within the normal range of movement of the spine, and does not necessarily imply any organic change. Its prognosis is good; it is to be corrected by simple gymnastics and a "setting up" drill, thoroughly carried out for a sufficient length of time with conditions rendered favorable. The structural type, of which a characteristic feature is the backward prominence of the chest or loin on the convex side of the curvature, the reverse of that in the postural type, due to the twisting of the vertebræ in addition to the lateral curve, is much more serious aud calls for more active measures. Its surgical treatment is considered under two heads: First, treatment to loosen up the spine and to make an improved position possible; second, treatment to secure permanence of the improved position once this is attained. These are discussed separately: The first under the heads of free standing gymnastics given in apparatus, passive stretching of the spine. Stretching by means of plaster-of-Paris jackets (forcible correction), details of all of which are given. Plaster-of-Paris jackets are advised to be employed for short periods (from one to three weeks), and then removed to be placed by others as long as it seems possible to obtain further correction. These frequent changings are advisable so as to prevent as much as possible the atrophy of the muscles incident to fixation of the trunk. To retain the improved position, the intelligent use of gymnastics is of great importance and details of exercises of the groups of muscles are given to a certain extent. Some form of retentive apparatus should also be employed until the muscles are strong enough to permit its being left off. Lovett insists on the importance of thorough measures in these cases.

A Substitute for Pasteurization.

The Medical Record states in an editorial that artificial feeding of infants is still one of the great medical problems of the day. That much interest attaches to the work of Much and Romer, which was done at Behring's well-known institute at Marburg.

The method which these writers recommend for rendering milk practically germ free is briefly as follows: The milking is done directly into a sterile vessel containing a sufficient amount of hydrogen peroxide so that the proportion will be about 1-1,000, and then this is set aside for from six to eight hours, and finally heated in a water bath up to 52° C. After this has been done a special ferment is added in the proportion of from 0.5 to 1 gram per liter of milk, which entirely destroys the H^2O^2. The ferment in question is prepared from the blood of cattle according to a method devised by Senter, and has been called "hemase." The latter is free from hemoglobin and possesses a powerful catalytic action with an especial affinity for hydrogen peroxide. After two hours of treatment the milk is ready for use, and, if protected from the light, it may be kept for a considerable period. Its taste is claimed not to differ from pure, fresh milk, and it has been found free from germ growth even after twenty-one days.

The writers claim that milk thus prepared will meet all the requirements demanded by pediatrists of a pure milk for infant consumption, and they also furnish sufficient data to prove the practicability of the method. Its cost has been calculated to be about one cent per quart, and although there are apparently many favorable and desirable features connected with their proposal it still requires both clinical and commercial tests, and these we look forward to. Methods of preserving milk by chemical means have never found much favor in this country, and the efforts to secure a germ-free milk have been extended rather to sanitary devices and continued cold. It may be impracticable, however, in certain instances to preserve milk by such means, and then the method advocated by the German investigators may be found to be applicable.

Tuberculin in the Treatment of Tuberculosis. (Medical Record) Pogue draws the following Conclusions from the Study of 167 Cases.

1. An early diagnosis is the most important step to the successful treatment of tuberculosis.

2. Tuberculosis may be arrested by proper treatment, with a fair certainty of a permanent cure.

3. Tuberculin is a valuable adjuvant in the treatment of tuberculosis, as evidenced by the recovery of twenty-eight out of thirty cases that were treated with practically nothing but tuberculin, while they continued to follow their ordinary occupations during the treatment.

4. Cases of tuberculosis treated with the addition of tuberculin show a much less tendency to recur than similar cases treated without tuberculin.

5. Tuberculin in small doses (0.01 to 0.5 mg.) seems to have a more curative action than when given in large and increasing doses.

6. No ill effects follow the administration of small doses of tuberculin.

7. Purely incipient cases improve

very rapidly under the use of small doses of tuberculin, both as to the arrest of the disease and the clearing up of the diseased area.

8. Tuberculin should never be given to a patient who has fever or who is suffering from mixed infection.

9. Third stage cases, especially advanced cases, receive little or no benefit from the use of tuberculin.

The Proper Limitations of the Surgical and Medical Treatment of Gastric Ulcer.

McCaskey states (Med. Record) that any claim on the part of internists that surgery has not an important role to play in the treatment of gastric ulcer is wrong while, on the other hand, the contention that gastric ulcer, like appendicitis, is a surgical disease is equally wrong. He states that when the diagnosis is made early and cases properly treated, that the mortality need not exceed five per cent. Seventy-four per cent. make a complete recovery. That there remain a considerable group of cases in which the result is unsatisfactory and the cure incomplete and it is with reference to this group of cases as well as the fatal ones that the question of surgery applies. He claims that the mortality of gastroenterostomy to be from 8 per cent. to over 20 per cent. His plan of treatment is to put the patient to bed from three to six days, with absolute starvation so far as stomach feeding is concerned, and given at the same time systematic rectal alimentation if necessary, at the outset the stomach is cleansed with a 1 per cent. solution of sodium bicarbonate, but this is only indicated when there is an excess of mucous or other secretion. Immediately following this lavage, or without it, a single large dose of bismuth subnitrate (90 grains) is given. Feeding is resumed in accordance with the Leube plan. In cases of greatly impaired nutrition he gives milk and lime water or egg albumin from the outset.

The Use of Thyroid Extract to Shorten Coagulation—Time of the Blood.

(Surgery, Gynecology and Obstetrics) Taylor reports three cases in which he used thyroid extract preceeding an operation. The cases were undoubtedly of a hemorrhagic diathesis but possibly not true haemophilics. In one case he reduced the coagulation-time of the blood from 11½ to 2 minutes. In no case did he experience any troublesome hemorrhage after operation. Thyroid extract has been used by Dr. Harte in a case with marked jaundice reducing the coagulation-time from 12½ to 6¼ minutes and controlling the hemorrhage. Where rapid effect is desired he states that it would seem best to combine the administration of calcium chloride with thyroid extract. He states that in all cases of suspected or probable delayed coagulation, the blood should be carefully examined, its coagulation-time actually noted by the Brodic and Russell apparatus or by the drop method with a warm glass slide. Delayed coagulation with its probable want of fibrin-ferment being established, dried thyroid extract should be given in three-grain doses in capsule three times a day after meals. Make daily tests of the blood and counteract any depressing action upon the heart by full doses of strychnine.

Origin of Contagious Diseases.

Dr. Willis P. King, in the Courier of Medicine (July, 1906) writes of the Relation of Syphillis to Cancer of the mucus membrane, in which he claims that syphillis can be and often is contracted from direct contact with cancer, giving several clinical histories to prove his position or rather from which he reaches his conclusions. Incidentally he brings up the question of the origin of of many of our so-called contagious diseases, advancing the opinion that they are more often De Novo than we admit. In this way we can account for many cases of illness in which no direct or remote contact has occurred, or where the source of contamination cannot be accounted for satisfactorily. He asserts that were a large number of men and women perfectly healthy in every respect placed together in an isolated territory, in a few years, syphillis, gonorrhœa, measles, dlphtheria and other cantagious diseases would appear among them. Another point claimed is that in epidemics of contagious diseases the virulence is in proportion to its propenquity to its origin; that it loses much of its virulence in each successive contamination.

In his closing paragraph he asks a question that has perplexed most minds from that of the child in its first dawning intelligence when it asks who made God? to that of the theologian and scientist with all their eruditions seeking by the aid of the learning of the past ages and appliances of modern times to fathom the origin of existence.

"Here is a question, containing a great big nut, I desire to have cracked: From whence came smallpox, syphillis, gonorrhea, measles, cholera? etc., etc. Did they *start* from some particular point? If so, then it must be that the conditions from which this start was made must have existed somewhere, and the germ of disease must have developed and became so perfected so that it was communicated to some human being. Now, if this be true, then would not the same conditions, existing in another locality, and at another time, cause the same germ to be developed and perfected; and, if so, and this germ were introduced into the body of a human being, would it not cause the disease to start again, from this new point of origin? In short, of the disease started originally, from certain conditions existing in some locality favorable to the development of the germ causing it, then would not these same conditions favorable to the development of this germ, existing in another locality and at another time, cause the disease to start anew from this new point? It seems to me that the argument is unanswerable.

Is Neuralgia a Functional Disease?

Gordon has made a study of the pathologic conditions of the nerves removed for neuralgia in eight cases, (*New York Medical Journal*, July 21, 1906). A sharp distinction between neuralgia and neuritis is impossible, and even in recent cases of ordinary neuralgia there is presumptive evidence of a inoterial basis. Misroscopical examination of excised peripheral nerves and Gassesial ganglia show in many cases degenerative changes, and the point of contention lies as to which is primarily affected and which is due to secondary changes. With these there may also be a central origin, and

a third cause is mentioned by some, viz: the conditions of the blood vessels of the peripheral nerves. Probably no absolute view as to the pathogenesis can be adopted. He closes with the following summary:

(1) The occurrence of degeneration of the peripheral nerve is frequent if not constant in neuralgia.

(2) That this nerve degeneration is very probably a primary condition, which has a neuritis assumes an ascending course and involves secondarily the Gasserian ganglion. Although this connection is still debatable, there is great probability in favor of the above view.

(3) The bloodvessels undoubtedly play a certain role in the causation of a degenerative state of the peripheral nerve.

(4) That it is difficult if not impossible to draw a sharp distinction between neuritis and neuralgia, as accumulated facts show an anatomical basis in the latter affection.

(5) In view af these anatomical facts, it is highly important to remove surgically a nerve affected with so-called neuralgia as early as possible after a short trial of medical treatment is given

Saline Enemas.

The Medical Council for August calls attention editorially to the value of saline solutions for rectum in cases where its intravenous injection from any cause is impractable. He claims that in the majority of cases where the saline solution is needed to reinforce the blood, the high enema will act equally as well. The technique advised is as follows:

"A preliminary cleansing enema of soapsuds should be given to empty the bowel and prepare it for the retention of the salt solution, which consists of two quarts of hot water into which is dissolved a tablespoonful of table salt (chlorid of sodium). It is best administered by a fountain syringe. If the patient is placed upon the right side, with hips well elevated, gravity will aid in filling the entire colon with the fluid. It should flow in at low pressure, and the flow may be entirely pinched off occasionally when the impulse for expulsion becomes too strong. The patient must remain perfectly quiet in the same position for a half hour or more, to avoid provoking the impulse for expulsion."

The Stomach Tube.

Torbett writes a concise paper on the "Uses and Abuses of the Stomach Tube" (*Texas Medical Journal*) which he summarizes as follows:

"The water used should be at the temperature of 120° F., and for cleansing purposes should have bicarbonate of soda and salt; for allaying secretion and irritability a solution of 1/2000 to 1/5000 nitrate of silver should be used; and as a disinfectant 1/5000 permanganate of potash or a solution or resorcin.

So the tube should be used in cases: (1) With retention or stagnation of food and the digestive products in stomach or œsophagus; (2) retention of excessive secretions, as in gastrosuccorrhea or Reichman's disease; (3) for the severe chronic cases of gastritis with excessive mucous secretion; (4) in gastric neurosis for psychic effect; (5) in all cases where there is excessive and active germ growth, as indicated by fermentation and the micro-

scope; (6) in diseases of the œsophagus where there is stricture, as food can not otherwise reach the stomach; (7) in the removal of poisons ingested; (8) the pneumatic gymnastic should be used in connection with these cases of dilatation and myasthenia.

ABUSE.

The tube should not be used unless there are some indications mentioned above calling for its use. Neither should it be used in: (1) Severe heart diseases in which the patient is very liable to faint; (2) aneurism of the large arteries and in all cases of recent hemorrhage from whatever cause; (3) severe ulcers of the stomach; (4) tendency to apoplexy if nausea is easily excited, as that would raise arterial tension and might induce hemorrhage in the brain. I have seen some cases of extreme weakness and dizziness, however, caused by auto-intoxication in which the tube did great good. Such cases had at first been diagnosed as threatened apoplexy."

Post-Operative Comfort.

LeBoutillier states that the dread of pain to be endured during the performance of operations has almost disappeared, but that there still persists the impression that subsequent to operations a considerable degree of real pain must be endured. He has found that the ordinary amount of pain and discomfort can be reduced. The points of change chiefly refer to relieving thirst; and pain; procuring more rest; stimulating more freely; feeding more and earlier; and the posture of the patient. His patients receive an enema of hot saline solution from 16 to 6 ounces, to which one-half to an ounce of whiskey may or may not be added, every three hours until the patient is able to take fluids. Beginning five or six hours after an operation fluid is allowed by the mouth in moderate and soon, almost unlimited, quantities. He permits the use of water freely instead of using the stomach-tube, even in cases where there are extensive peritonitis and considerable vomiting. For stimulation whiskey is added to the saline enemas. Strychnine is given in doses of 1/30 to 1/20 of a grain every three hours. He gives the patients morphine before they come off the table and it is repeated often enough to keep them quiet. An enema is given in from 36 to 48 hours to move the bowels or an enema follows a single dose of calomel. He changes the position of patients frequently. He avoids pain from dressings. He endeavors to secure three-hour periods of rest without disturbance for anything. He allows food early and states that solid food often seems to agree better than liquids. He gets his patients out of bed early.

Calculus in the Pelvic, Etc., Portion of the Ureter.

(Int. Jour. Surgery)

Lilienthal states that before the days of the X-Ray it was rarely possible, without operation, to make sure of the fact that a calculus had become lodged in any one portion of the ureter. That, even now, is with the enormous help—afforded by the Skiagraph, the diagnosis of this condition forms an excellent example of the almost universal fact in medicine that accurate diagnosis depends upon observation from many viewpoints; for even with the most experienced, the reading of the X-Ray plate may lead to misinterpretation. Pain, either at the site of the stone or

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in the kidney of the same side, colicky or steady, associated with blood or blood and pus in the urine, should lead to the suspicion of calculus. The cystoscope should be our next resort for the purpose of making observations on the orifices. An impacted stone may be seen protruding in part in the bladder or there may be a peculiar pouting appearance of the mouth of the corresponding ureter. When the obstruction is complete the mere passage of the catheter up to the stone will indicate its distance from the bladder. The wax-tipped catheter as advised by Kelly is valuable especially in females where the larger sizes can be used. An instrument known as the "phonyhore," which consists of a metal tip and core through a woven ureter catheter, its proxinal end being fitted into the diaghragm of a phonendoscoyne. This sound is passed with the aid of a direct-vision cystoscope, and on contact with calcarious matter transmits a scratching sound to the ear. He believes an affirmative observation with this instrument may be of great value. The condition of the other kidney should be known if possible. For this purpose he believes that the observation of the outflow from the ureter is a sufficient practical indication that the kidney is functional and is preferable to the catheterzation of a healthy organ through infected tissues.

During the performance of a hernia operation it is often helpful for the anesthetist to allow the patient to react sufficiently to strain into view a sac that has slipped back into the abdomen. —*American Journal of Surgery.*

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EDITORIAL.

Economic Value of Man.

A more than ordinary perplexing question to physicians and courts of law is what is a man worth to his State or to his family? and as part of the same question, what effect has the loss of a member upon his earning capacity often comes up. Courts of law have these points to decide in various guises, and a governing standard is much needed by which they can be guided in their deliberations. To reduce flesh and blood and brain to mathematical formula and give their collection and individual worth in dollars and cents is a complex problem that has been undertaken by Dr. E. E. Holt, of Portland, Me., (Physical Economics. *June A. M. A.*, July 21, 1906).

The paper is too long for more than a reference to it, and an abstract could hardly do it justice. Two other writers have published papers of allied nature to which Dr. Holt makes reference —Magnus, of Germany, and Farr, of England.

The importance of having a standard by which to be governed in arriving at a conclusion is accentuated by Holt in his paper and with it the discussion which followed. (The paper was read in the Section of Opthalmology of the American Medical Association at its Boston Meeting). The value of a life at birth, the earning capacity of the individual at subsequent ages, cost of maintenance, etc., are determined, as the functional value, and education and technical training are a second factor in estimating the physical economics of the individual, while his ability to secure and perform the services of an occupation—the competing ability is a third factor in the formula. These three factors the author represents by three letters of the alphabet: F, the functional; T, the technical; and C, the competing capacity of the individual while E as representing the earning ability will give a formula thus, E=F, T, C. The various sub-divisions—as the circulatory—oseous di-

gestive and cerebro spinal are represented by smaller type letters of the alphabet—a, b, c, d, etc., and are used in the form of radicals in a mathematical formula in order to compute the earning ability of the individual. To use this mode of ascertaining the amount of damage sustained by an injury some scientific standard of the value of each organ or part is very desirable, which unfortunately is not now available. This must be supplied if the propositions set forth by the author are to be utilized, by a large number of observations on the value of the different units of the body as touching the earning capacity of the normal individual. By comparing, testing and measuring these, a scientific standard can be obtained.

Prof. Hart, of the University of Munic. has constructed a chart, which is given, which avoids the higher mathematics of extracting the roots of the radicals, by showing in geometric curves the value of the different roots.

Under this plan Dr. Farr has constructed a table of the value of a professional man earning $1,400 per year, at various ages, some of which are here given as a matted of information and possibly some interest: Economic value at 25 years of age, $25,898.94: at 35, $28,921.86; reaching the high water mark at 40, with a value of $29,344.68. From this on there is a gradual decrease—at 60, $19,337.04, and at 70, $2,988.00.

The wish is expressed that large numbers of the profession will make observations and report results upon the earning capacity of injured persons.

Diphtheria Antitoxine Condemned.

Readers of the Southern Clinic (Richmond) are aware of the fact that Dr. Bryce, editor, has not been favorably impressed with the claims made for the efficacy of diptheria antitoxine. In an editorial in the August issue of his Journal he reiterates some of his reasons for not favoring or using it. He claims that the whole theory of its action is untenable; that he cures as many of his cases without it as do his confrers with it; he has never obstructed its progress but has tried to find enough value in its clinical use (without personally using it.) (?) to warrant an endorsement or use of it, but so far with utter failure: as there is no satisfactory theory for its specific action, clinical experience must demonstrate its merits, and this it has not done, as the average mortality from diptheria is very little reduced; and the question arises is it not wrong to experiment with so grave a disease as diptheria.

It cannot be decided whether death was caused by the antitoxine, or by the disease, or if recovery was due to the remedy or would have resulted without it. Nothing is established as to its use as a preventative, as it cannot be known as to whether a child would or would not have taken diptheria after exposure. The only proof of the assumption that antitoxine is a specific for diptheria would be in its use alone, discarding all other remedies formerly used in the disease, and this no one has had the nerve to do so far.

Dr. Bryce furthermore expresses his anxiety to be convinced of its efficacy and invites his readers who have used it to give the results of their clinical experience with it.

We have tried in the above to give in a short concise abstract a correct statement of the writers position on the question, and will notice part if not all of the counts enumerated, because of the importance of the question, and the possibilities for good or evil in the article. The importance of a remedy for a disease that annually carries off its thousands of children cannot be over estimated, and if the one under consideration is good even though it may not attain to the dignity of a specific, it ought not to be so utterlly condemned as in Dr. Bryce's editorial, and if it is an evil the sooner the profession learns it and leaves it alone, the better it will be.

Specific remedies in disease are few and far between, and it is only the manufacturers and a few of its most ardent supporters claim this for antitoxine in diptheria. The large majority of the profession look upon it as a very useful adjunct to other remedies in treating the disease, possibly as the most important of all remedies, and coming as near being a specific as do other remedies so denominated. The manufasturers themselves do not claim for it any influence on the local manifestations of the disease when once established, but that its influence is exerted in the prevention of further local inflamatory action.

The theory of its action may or may not be correct and untenable as Dr. Bryce claims, but it is not theories we want so much in a question of such magnitude as is this, as the demand for facts. Theories of one decade are often superceded by others in direct opposition in the next without in any way vitiating the results, and the present theories of antitoxine in general may and probably will be discarded for others at some future day, and that, too, without detriment to their efficiency. Antitoxines are essentially laboratory products and in common with all laboratory products must be submitted to the crucible of clinical experience for final adjudication, and enough has already been demonstrated to predict more for this form of remedies in the future than has been shown in the past.

We cannot question Dr. Bryce's assertion nor that of his medical friend mentioned in connection with the statement that they cure as many patients of diptheria without antitoxine as do their confeeres with it. They are fortunate in the results obtained, much more so than the majority of physicians who have given the remedy a fair trial personally, which Dr. Bryce has not, judging from the general tenor of his editorial. He condemns it on the general principle that he cannot accept the theories on which it is founded, tho' he does make some very broad assertions that clinical experience does not substantiate its efficacy.

Our personal experience with diptheria is fortunately limited—very fortunately for our patients as of the first 12 patients treated six died all within ten days. Under treatment without antitoxine the death rate was 25 per cent. to 40 per cent., in several epidemics, probably an average of 33 1-3 per cent., while in all cases treated with antitoxine the death rate has been less than 4 per cent.

The positnon Dr. Bryce took of its being wrong to experiment with so serious a disease as diphtheria is open to criticism. If the old line of treatment offered a specific or even gave fair results the condemnning of efforts

to improve on the treatment might be permissable, though it is a well established principle in medicine that experiments are essential to progress. These must of course be properly safe-guarded, and should be made only by the best informed of the profession. An average death rate of 25 per cent. is not satisfactory in any disease, and this is probably the best that can be claimed for the treatment of diphtheria without antitoxine.

The length of this paper will not admit of exhaustive reference to statistics to prove the efficacy of antitoxine. In the New York Medical Journal, Dec. 23, 1905, Billings gives the results of the work of the city department of health with antitoxine since its introduction. For six years previous to the use of antitoxine the mortality per cent. was over thirty. With a record of 18,866 cases treated with antitoxine since 1895, the mortality is 7.3 per cent. In other places and taking only the later years since its mode of using is better understood even this percentage is reduced. Billings' paper is intended to show that with a better knowledge of its use better results are obtained, and this he fully demonstrated.

The position taken regarding the impossibility of our knowing what the results would have been either in the treatment of the disease or in an effort to innumerize exposed persons, with or without the use of antitoxine is but begging the question. The same proposition might be advanced in reference to the exhibition of any remedy for a diseased state, and if admitted and acted upon as an argument would demolish all systems or plans of treatment for pathologic conditions of every kind. Certainly it is best to base treatment upon physiologic principles, but until medicine shall have become an exact science empiricism will be a factor in our remedial measures. Some of our efforts must necessarily be based upon assumption, coupled with hope, and a great deal of it upon clinical experience, both personal and that derived from statistics of the combined efforts of numbers of observers.

If statistics are worth anything, they certainly show the value of antitoxine in diphtheria. Even with the discredit in which statistics are generally held, it must be admitted that the weight of clinical experience is on the side of its use, and even if it should be more used because the public demands it, as claimed by Dr. Bryce, (which we do not admit), it is still a useful adjunct in meeting the indications, as one of the most important measures is to allay the fears and quiet the excitement incident to an attack of diphtheria either in the family or the neighborhood. By all means give the remedy a careful and candid *personal* trial before condemning it.

Editorial Notes and Comments.

Pernicious Advertisements.

In an editorial in the Pennsylvaina Medical Juornal (July, 1906) Stevens deprecates the influence of certain classes of advertising in the lay press upon the rising generation. The duty of the family physician is to offer advice in regard to the physical condition of the children of the family, and equally so to utter a word of caution in ref-

erence to matters of pernicious moral influences, especially when eventually the tendency is to physical deterioration. Many of the advertisements of the lay press are of this nature and ought not to be placed in reach of the sons and daughters of our patients. If parents would call the attention of publishers to these things and refuse to subscribe for papers continuing them, much good would be accomplished.

Printers Ink, a Journal for Advertisers, interviewed several newspapers realtive to questionable advertisemnets with the result of eliciting the information that it paid to refuse all advertisements of a questionable nature regardless of the ethic involved, and many newspapers are refusing such from a financial standpoint entirely.

Physician and Surgeon.

The Courier of Medicine treats an article of Rosenback editorially, very much deprecating the tendency of the physician to rely upon the bacteriologist for his diagnosis. Clinical methods must still be the main reliance in making a diagnosis. The general practitioner depends too much on the specialist. The division of medicine and surgery has its draw-backs. Every surgeon should be a good physician, and every physician should be a good surgeon. Every student of medicine must have the asceptic technic which has so advanced surgery, and physicians ought to do some surgery to promote manual deterixty. It also promotes confidences and insures reliable and careful diagnostic procedures.

BOOK REVIEWS.

There is a city in New England with schools for every class of citizens: schools for mechanics, for busy mothers, for backward children, for adults who do not speak English. They call it "A City of Special Schools," and Marion Melius has written a wonderfully interesting article about it for the September number of Everybody's Magazine. Whether you are a parent or teacher or student, you will want to read this inspiring story of experiments that have succeeded, this prophecy of the education of the future.

Did you know that Australia is governed by laboring men? and that it is a sane and sound government, with many wise deeds to its credit, likely to endure long, a pattern to other nations? In this far-off country Charles Erward Russell has found an army of "Soldiers of the Common Good," and he has written of them in what is one of the most brilliant and instructive of his widely read series. We Americans shall do well to study Australia's story —Mr. Russell shows that she has studied ours.

Three articles in this issue throw a searching light on the American life of to-day. Merrill A. Teague concludes his series on "Bucket-Shop Sharks" with an appeal to the President and to Congress to remedy the evil; Frederick Trevor Hill points out a national frailty in "The Dollar-Mark and the Hall-Mark of Fame;" and facts of the most vital interest to the greater part of our population are set forth in F. W. Hewes's valuable study, "How the American Wage-Earner Spends His Income."

Christianity and Sex Problems, By Hugh Northcote, M. A. Published by F. A. Davis Company, Philadelphia, Pa.

This is a little volume of some 250 pages and in this space the author has treated a difficult and delicate subject in a manner that could give no offense to the most prudish and at the same time with perfect candor.

As its title indicates, the moral attitude of the sexes is discussed in its relationship to Christion ideals. That these problems of sex would seem to be more acute in highly civilized and therefore more Christian lands, is ample justification for a discussion of this phase of the subject.

The author has drawn from widely different sources of information and handles his subject with a completeness and a high moral attitude that will commend his work to the most discriminating readers.

Abbott's Alkaloidal Digest. A brief description of the Therapeutics of some of the Principal Alkaloidal Medicaments and other Success-Makers with *Suggestions for Their Clinical Application* and embodying various articles on important special agents and certain great phases of alkaloidal therapy that have been developed in the personal practice of the author and his colleagues. By W. C. Abbott, M. D., Editor of the *American Journal of Clinical Medicine*. The Clinic Publishing Co., Chicago, 1906.

This little book will be greatly appreciated by the many devotees of alkalometry who acnowledge Dr. Abbott as their leader.

A Compend of Operative Gynecology *Based on Lectures in the Course of Operative Gynecology on the Cadaver at the New York Post-Graduate Medical School and Hospital* Delivered by William Seaman Bainbridge, M. D., Adjunct Professor of Operative Gynecology on the Cadaver, New York Post-Graduate Medical School and Hospital; Consulting Gynecologist, St. Mary's Hospital, Jamaica, L. I.; Consulting Gynecologist to St. Andrew's Convalescent Hospital, New York, etc. *Compiled with Additional Notes, in Collaboration with* Harold D. Meeker, M. D., Instructor in Operative Gynecology on the Cadaver, New York Post-Graduate Medical School and Hospital; Assistant, Department of Gynecology, Vanderbilt Clinic, College of Physicians and Surgeons, New York. *12mo. cloth, 76 pages. Price* ..$1.00 *net.* The Grafton Press, Publishers, New York City.

This work, while particularly suited to the needs of post-graduate students operating on the cadaver, will be found of distinct value to the busy gynecologist. All gynecological operations of merit, with their latest modifications, are described concisely, but with sufficient detail to make the work decidedly practical. A number or original points of worth in the operative technic are embodied in the text.

A distinctive feature is the chapter on Exploration of the Viscera. Considering the gynecologist as an abdominal surgeon who should be able to cope with any intra-abdominal condition which may be encountered, the normal appearance and relations of abdominal vicera are briefly described in order to facilitate the familiarity es-

sential to successful surgery.

In the chapter on Miscellaneous Points are many admirable suggestions of a practical nature which are timely and valuable.

The work is based on Dr. Bainbridge's lectures given in the course of Operative Gynecology on the Cadaver at the New York Post-Graduate Medical School and Hospital.

It is a book that can be recommended.

Studies in the Psychology of Sex. *Sexual Selection in Man.* I. Touch, II. Smell, III. Hearing, IV. Vision. By Havelock Ellis. F. A. Davis Company, Publishers, Philodelphia, '05.

We quote as follows from the author's preface to illustrate his argument that as we analyze these stimuli to tumescence as they proceed from a person of the opposite sex we find that they are all appeals which must come through the channels of four senses: touch, smell, hearing, and, above all, vision. When a man or a woman experience sexual love for one particular person from among the multitude by which he or she is surrounded, this is due to the influences of a group of stimuli coming through the channels of one or more of these senses. There has been a sexual selection conditioned by sensory stimuli. This is true even of the finer and more spiritual influences that proceed from one person to another, although, in order to grasp the phenomena adequately, it is best to insist on the more fundamental and less complex forms which they assume. In this sense sexual selection is no longer a hypothesis concerning the truth of which it is possible to dispute; it is a self-evident fact. The difficulty is not as to its existence, but as to the methods by which it may be most precisely measured. It is fundamentally a psychological process, and should be approached from the psychological side. This is the reason for dealing with it here. Obscure as the psychological aspects of sexual selection still remain, they are full of fascination, for they reveal to us the more intimate sides of human evolution, of the process whereby man is molded into the shapes we know.

A Non-Surgical Treatise on *Diseases of the Prostrate Glands and Adnexa*, by George Whitfield Overall, A. B., M. D. From the press of Rowe Publishing Co., Chicago, Ill.

The exhaustion in less than a year of the second double edition of this work, the flattering criticisms of the medical press, and the almost universal commendations of the readers, evinces the fact that the little book has filled the void for which it was intended; namely, to aid the general practitioner as well as the specialist in the non-operative treatment of all those chronic diseases of the uretha, prostate, bladder, vesicles, kidneys, and their complications; together with the neurotic and metastatic sequalæ,, almost invariable concomitant therewith, as a result of hidden gonococci or other causes.

The Seventh Edition, *Revised and Enlarged of Blakeston"s Compend of Materia Medica, Therapeutics and Prescription Writing*, by Samuel O'L. Potter, M. D., M. R. C. P., London. P. Blackiston's Son & Co., Philadelphia, Pa.

The text of this edition has been thoroughly revised and brought into

conformity with the eighth revision of the U. S. Pharmacopœia. Twelve new articles and forty-three new paragraphs on important drugs have been inserted, and sixteen articles have been re-written. Material considered obsolete, or comparatively unimportant, has been removed; but the insertion of so much new matter, and the adoption of a wider-faced type, have added thirty-seven pages to the book.

While the book is intended mainly for medical students and brevity of statement is one of its principle features, at the same time, the essentials of the subject have been kept in view, and the preparations noted under each title are those in general use.

SURGICAL SUGGESTIONS. *Practical Brevities in Surgical Diagnosis and Treatment.* By WALTER M. BRICKNER, M. D., Chief of Surgical Department, Mount Sanai Hospital Dispensary, New York; Editor, *American Jour. of Surgery,* and ELI MOSCHCOWITZ, M. D., Assistant Physician, Mount Sanai Hospital Dispensary, New York; Editorial Associate, *American Journal of Surgery.* Duodecimo; 60 pages. New York: Surgery Publishing Co., 1906. Cloth, 50 cents.

This little book is most novel, not only on account of the many original terse and epigrammatic practical suggestions given, but its general appearance and attractive form. It contains 250 suggestions grouped under proper headings and its contents is carefully indexed. While some of the items are familiar to the practical surgeon, they are presented in a manner that will impress them on the reader's memory. The book is bound in heavy cloth, stamped in gold, and the text is printed upon India tine paper with marginal headings in read. This book will be much appreciated by the general practitioner, not alone on account of the value of its contents, but as an artistic bit of book making.

GOLDEN RULES OF SURGERY, *by* AUGUSTUS CHARLES BARNAYS, A. M., M. D., Hdlbg., M. R. C. S., Eng. From the press of The C. V. Mosby Medical Book Co., St. Louis, Mo., 1906.

This little book is full of meat from cover to cover, and should be studied by every man who does surgical work —be it much or little.

The July number of the Annuals of Surgery is fully up to the usual high standard maintained, among the articles deserving especial mention is one by Fisk on Hypertrophic Stenosis of the Pyloris in Infants; Primary Sarcoma of the Omentum by Cobb; The Use of a Steel Comb for Dissection in the Axilla by Kelly; Postoperative Comfort by LeBoutillier.

Second Annual Report of the Henry Phipps Institute for the Study, Treatment, and Prenvention of Tuberculosis. An account of the work of the second year, a review of the subject of immunization in Tuberculosis, a preliminary report on the maragliano serum treatment, and a report of some of the scientific work done by members of the staff of the Institute during the year. Published by the Henry Phipps Institute, 238 Pine Street, Philadelphia, '06.

SELECTED PAPER.

Life Insurance Examinations.

By William Wilson, Greensboro, N. C.

Ever since the Giant Life Insurance Companies reduced examination fees on $1,000 and $2,000 cases, thereby establishing a graded schedule, the County Medical Societies of some states have been meeting and passing resolutions binding its members to make no examinations for Legal Reserve (Old Line) Companies, requiring urinalysis for a less fee than $5.00, irrespective of the amount of policy applied for. In most cases this action, when taken, was done without much deliberation, or even considering but one side of the argument, it being assumed by physicians subscribing to the resolution that the $5.00 flat fee, if demaned, would be paid. Many physicians holding commissions as examiners have wisely refused to endorse such a Society action, contending that individual members should be free to decide for themselves what compensation was adequate for the time and services rendered. These argued that it was not fair to their medical confrerees to bind all members of the Society to an ironbound fee schedule for life insurance work or any other, and many, when questioned, have readily acknowledged the fact that the new schedule of fees adopted for medical examinations paid the physicians as well (if not better) than any other service performed—not requiring any more time or skill—and considering further the fact of its being sure money.

The Armstrong Investigating Committee revealed many extravagancies in Company management, which recent enactments will prevent in the future, but the examiner rebels at being effected by a necessary reduction in first year's cost of business. He argues the necessity on an examination, the responsibility which rests upon the examiner, and emphasizes the fact that it requires as much time, care and skill to examine a one thousand dollar case as it does a five thousand dollar one. The latter argument, however, fails to take into consideration the fact, that of every premium collected from the policy holder a certain portion is for expense, and on a $5,000 case the Company gets five times the expense income that is provided on a one thousand dollar case, and hence can better afford to pay more for the examination. What the Company *can* afford to pay, is paid on all examinations made, and the average, which should count with the examiner is more than $3,00 to the case. Further it must be considered that the examiner's fee is paid, whether the applicant is accepted or rejected, and that on rejected cases the Companies receive nothing for the expense incurred.

The cost of examining 100 cases on the graded fee basis is about $333.00 (examinations which provide for a $5 fee placing the average above $3 to the case).

Of the 100 cases examined 10 to 12 will be rejected, and 12 to 15 on which policies are issued will not be placed. This nets the Company about 75 per cent of the total cases examined, out of which to get an expense income sufficient to justify the first year's cost of *all* new business written.

The new insurance laws of the state

of New York limit particularly the cost of new business, and prescribe the amount available for all expenses in securing such new business. The Companies face a condition and not a theory—a case of "Have to" get business within a specified limit of cost, or the executive officer pays the penalty of a misdemeanor.

The average premium per $1,000 insurance is $30.00 and the available expense for each $1,000 policy written delivered and paid for is fixed at 66 per cent. or $19.80. With this expense fund, derived only on premiums collected (delivered business) provision must be made for the expense incurred on rejected and not taken cases, as well as on policies delivered, agents commission, agency maintainance, and inspection.

Assuming Agent's commission and the cost of training new agencies in the business to be 50 per cent. of the premium, namely $15.00 there is left only $4.80 to cover the cost of medical examination and inspection. It is thus apparent that companies could not pay a fiat fee of $5 for the examination alone, and pay this irrespective of whether the applicant was accepted or rejected. At the graded fee the $1,000 cases show a deficit of 70 per cent., which is about balanced by a gain on the $2,000 cases.

The examiner who argues that his services are necessary to the agent in order to assume his (the agent's) commission, fails to consider that the Agent's entire time is devoted to selling life insurance (or trying to), while examining cases written are but incidents to the physicians practice. Also, that the agent derives no compensation on the cases rejected, while the examiner receives his fee notwithstanding, and that it has probably required days and weeks of persevering endeavor for the agent to get the case up to the examiner, which may then fail to pass. Further, out of the commission made by the agent, he has to support his family, and pay his own expenses while on the road, while the general practice of the examiner provides amply for his living and office expenses.

Dr. Bross of the "Equitable" is authority for the statement that 85 per cent. of the total business done in the United States in 1904—the last year before the Insurance Investigation—was done by companies which have now adopted some sort of Graded Fee Schedule, and only 15 per cent. of the Old Line Companies now operating under the flat fee. Unless the Companies of the 15 per cent. class are holding to the flat fee as capital for trading on the influence of the Profession, and this be continued without regard to policy-holders interest, it would appear certain that they would find it necessary in the near future to adopt a graded fee schedule and the examiner, if a policy-holder, would consider this measure a needed reform of the business.

If physicians of the county should decide to form combinations to compel the payment of a flat fee of $5 on all examinations, those companies which are desirous of doing best by their policy-holders will be compelled to unite in the employment of salaried Medical Examiners, one for each district, or devise some plan for writing insurance under which medical examinations will

be done away with. One of the Intermediate Companies (as regards size) has recently discontinued examinations on $1,000 cases, and how many others will follow will depend largely upon the ability to secure the Examiner's services at a cost which the business will warrant.

NEWER MATERIA MEDICA.

The School-Room as a Factor in Diseases of Young Girls.

There is no disguising the fact that our system of imparting knowledge by imposing excessive intellectual labor and stimulating competitive zeal in the school-room is very largely responsible for the most of the nervous disorders of the young women of to-day.

That sustained mental exertion is a menace to the health of girls at the age of puberty, there can be no denying. Yet that is precisely the system in vogue at our institutions of learning at the present time.

While it is true that modern architecture has greatly improved the hygienic condition of the study-rooms, it is highly probable that the present rush and hurry methods of instruction are even more injurious to the physical state of our young women than was the faulty system of ventilation, until recently endured.

The worry and excitement attendant upon present-day school life is, undoubtedly, the prime cause of a governing percentage of the neurotic disturbances which are so prevalent among the women of America. In fact, it is quite within the bounds of truth to assert that many of the diseases which present themselves to the gynecologist have for their origin a nervous system rendered bankrupt by strife in our temples of education.

Mental over-strain, when enforced day after day, soon renders the nerve structure incapable of absorbing adequate nourishment from the blood stream. Ultimately, nervous vitality is almost completely exhausted and depression, gloom, langour and mental impotence ensue.

As the taxation is extended, the condition grows worse until anemia, anorexia, insomnia, melancholia, and, perhaps, hysteria develop.

Inasmuch as it is not within the power of the physician to remedy this evil system of handling our young women, it remains for him to evolve means of attenuating, as far as possible, the injury done, and preventing the development of lasting diseases which have origin in the shattered nervous system.

This is best accomplished by the upbuilding of the psychical and physical resources of the individual. Not by the employment of stimulants which act, ephemerally upon the organism, but by encouraging functional activity to its maximum degree consistent of course with normality.

Obviously, this must be done by maintaining the entire digestive system at its proper standard, for it is through these channels that vital force is obtained and the wellbeing of the economy is preserved.

It is not consistent with logic to achieve this end by resort to the employment of those agents which relieve the digestive secretions of their special provinces. On the contrary, it is the very extreme of indiscretion to encourage

dependency of the gastric or intestinal fluids, or to aid them in the performance of their duties beyond very circumscribed limits.

Quite the most rational course to pursue is that of extending to Nature gentle, but ample, encouragement thro' the administration of an agent which is capable of bringing functional activity to its highest point without entailing the necessity of prolonged drugging. It is supremely important that the drug be one that can be withdrawn without leaving the economy disqualified to maintain a normal fund of vital force.

It is here that iron is of the greatest therapautic use. Not only does it impart to the blood stream a full measure of nutrition-conveyers in the form of hemoglobin, but it substantially increases the capacity of the tissues to absorb and utilize the nourishment placed at their disposal by the circulatory system.

Further, iron, when administered in the proper form, augments functional activity throughout the entire digestive apparatus, and, thuswise, enables the economy to secure the full benefit of the food supply. To this action of the drug is due the greatest profit to the individual resulting from its ushe.

The objections applicable to some forms of iron gain added importance in this particular class of cases, for the reason that the pecularities of the disorders under consideration are such as to be greatly aggravated by an improper form of iron

Chief among these pecularities is constipation, which is invariably a disturbing factor. The existing constipation is easily made worse by both the carbonate and acid solutions of iron; and, in fact, these forms of the drug are notably stool-discouraging. Digestive processes are also depressed by these forms of iron, and headache frequently follows their use.

Partly because of these objections, but mainly on account of its manifold advantages, Pepto-Mangan (Gude) is given the preference over all other forms of iron, and a mass of clinical data has been brought forth to sustain this opinion. Pepto-Mangan (Gude) is of the greatest aid in the treatment of all the ill-famed disorders commonly encountered among school-girls who exhibit a tendency to anemia, nervous debility, anorexia, moroseness and mental depression.

Obviously, this general emphatic endorsement of Pepto-Mangan (Gude) by the most exacting members of the profession is based upon a critical analysis of its therapautic advantages over the ancient form of iron.

Dr. T. L. McDermott, of Louisville, Ky., writing, saye the best results from Sanmetto in his hands were obtained in subacute gonorrhea and gleet, in which the results in many cases were very marked, and for this exasperating ailment sufficiently rapid to encourage the patient to continue the treatment. He says that this in itself is no small measure of praise, for all physicians are aware of the fugutive nature of these patients, their lengthened chronicity, and the pains-taking attention necessary to effect a cure. He says that he has seen excellent results from Sanmetto in many cases of nocturnal enuresis, cystic catarrh, and other functional diseases of the bladder, however, its general use by the profession speaks loudest of its efficiency in these cases.

Another Phase of the Proprietary Question.

There is at least one phase of the proprietary question which we believe has not been seriously considered, and that is, that while every effort is being made by some of our earnest and really conscientious, though misguarded, workers to destroy the faith of the profession in practically all remedies of this class, and to bring them into ridicule, practically nothing has been done to provide satisfactory substitutes for them, except to make the suggestion—an excellent one, too—that physicians should familiarize themselves with the official and semi-official preparations contained in the Pharmacopeia and National Formulary.

In making this suggestion they forget to add that a very large share of these "official" preparations are old proprietaries under other names. In other words, the great "reform" consists in the denunciation of such remedies as antiphlogistine, arsenauro, bromidia, lactopeptine, Fellows' hypophosphites, Antikamnia and Hayden's viburnum compound, while the use of practically the same things under other names is suggested or advised. In some instances the very formulas are used that proprietors have published or that analytical chemistry has elucidated.

There is a reason for the popularity of the proprietaries. Whether many of these were "wonderful discoveries" or not, they have enabled the average physician to secure results more satisfactory to himself and his patients than he was able to secure without them. Very, very few medical men are able to extemporize prescriptions which at the same time are effective, palatable and not uselessly polypharmacal. All doctors ought to be able to do this, but they are not—and whose fault is it? And even if they were, who but the sheerest crank would claim that he could properly write for, or the average druggist dispense, substitutes as elegant, as cheap and withal so satisfactory as many of the best type of the proprietaries? It is best to look all these facts squarely in the face and be sensible in our conclusions.—*Clinical Medicine.*

Always a Leader.

Vin Mariani has never been a follower, and has never been driven into set lines. It is unique, and stands alone. From its first inception it was planned upon purely ethical principles. It is a remedy prepared for the medical profession from substances not readily obtainable until presented in the agreeable form offered in this unique tonic. Without legislation to compel the truth it has always stood for precisely what it is represented, a blending of true Coca in a nutrittious French wine, each half-litre bottle presenting the desirable medicinal constituents of two ounces of fresh Coca leaves. Imitators following upon the success of Vin Mariani have attempted to foist upon the profession so-called Coca-wines extemporaneously prepared from cocaine and cheap grades of wine. It has not required much investigation to prove their falsity and perniciousness, while every effort to malign this standard Coca preparation has invariably resulted in strengthening the vast testimony, from every part of the world where medicine is practiced, which has voluntarily endorsed the integrity and usefulness of Vin Mariani.—*The Coca Leaf*, May, 1905.

A Successful House.

The Sultan Drug Co. of St. Louis has now been in eistence for nearly fifteen years, and its laboratories are under the direct supervision of its president, Mr. F. W. Sultan, a pharmaceutical chemist. Mr. Sultan is a graduate of the Maryland College of Pharmacy, took a special course in quantitative analysis under Professors Simon and Dickery, took the Simon Gold Medal for analytical chemistry in 1884, and has made several achievements in pharmaceutical chemistry, among them Cactina. He was connected with the laboratory of Messrs. Sharp & Dohme, of Baltimore, for nearly ten years, when he organized the Sultan Drug Co., in St. Louis. Mr. Sultan is also Secretary and Treasurer of the Peacock Chemical Co. and is in complete charge of their laboratory. He is justly proud of the critical analysis made of the alkaline bromides found on the English market by Messrs. Helbing and Passmore, the salts used in the manufacture of Peacock's Bromides were practically pure and superior to the brodimes usually found on the American market. The preparations manufactured by these two houses have always been advertised and offered to the medical profession only in the most ethical manner, and they are indorsed and used by English speaking physicians as well as in all of the civilized countries of the world.—*Medical Sentinel.*

A Can a Day.

I have long ago passed the "one can per day" of Abbott's Saline Laxative. It does the work.—Dr. C. H. Winton, Grand Rapids, Mich.

Dysentary.

My beginning treatment is always the small, frequently repeated doses of calomel, followed by Abbott's Saline Laxative. And what is more prompt in promating secretion, excretion and elimination?—Dr. F. Spillman, Andersonville, Ind.

A Superior Preparation.

I have been using Abbott's Saline Laxative for some time and find this jpreparation to be superior to any substitute I have tried. I use it now together, and would not think of getting along without it.—Dr. H. T. Schwaeland, Anthon, Ia.

Ecthol is an agent that is gaining great popularity by reason of its wide range of usefulness. It contains the active principle of echinacea which is an old remedy. A recent number of the Chicago Year Book states that the prompt results gained from it have caused all writers to express themselves with such apparent extravagence as to really retard the introduction of this agent to the profession at large. In suming up, the statement is made that "it will yet establish for itself, by its inherent valuable therapeutic properties, with the entire profession a fixed and permanent place." Ecthol is antipurulent and a corrector or all dyscrasia of the fluids. It is used locally and internally. The dose is a teaspoonful four to eight times daily. It is useful in septicemia and all cases of blood-poisoning from whatsoever cause. It is excellent for erysipelas, carbuncles, abscesses, boils, sores, ulcers, gangrene and as a gargle in diphtheria and putrid sore throat.—W. T. Marrs, M. D., *In the Medicdl Summary.*

Fermentative Ailments.

I am fully persuaded after considerable experience with the sulphocarbolates that they, together with other cleansing means suc has Abbott's Saline Laxative, will be found of wonderful value in all fermentative ailments of the alimentary tract.—Dr. W. C. Buckley, Philadelphia, Pa.

For 25 years Tongaline in its various forms has been endorsed by thousands of physicians for many diseases, such as rheumatism, neuralgia, grippe, gout, nervous headache, sciatica, lumbago, malaria, dengue, tonsilitis, heavy colds, indefinite pains, growing pains and excess of uric acid.

"The purest form of salicylic acid is obtained from the oil of gualtheria. That made from carbolic acid has so many objectionable features that its usefulness is largely counteracted and in fact it is surpassed in value by other agents. It disturbs the stomach, depresses the heart and may injure the kidneys. It is liable to cause headache and vertigo.

Extract from an address delivered before the York County, Pa. Medical Society, June 1905, by John V. Shoemaker, M. D., LL.D., Professor of Materia Medica, Pharmacology, Therapeutics and Clinical Medicine in the Medico-Chirurgical College, of Philadelphia.

All the salicylic acid in Tongaline is made from the purest natural oil of wintergreen, hence in prescribing Tongaline physicians can always rely on giving their patients the gaultheria salicylic acid, provided the genuine Tongaline is dispensed.

SELECTIONS FROM OUR EXCHANGES.

Selecting a Location.

By Alfred S. Burdick, M. D., Chicago.

From Chicago Tribune.

Are there any rules to guide a man in selecting a location? We give a few. As a rule it doesn't pay to go into a community where the competition is too fierce. Go over a physicians' directory and find out the number of doctors in the town you are interested in. Find out when they graduated. If there is a preponderance of old men there may be a chance for you a little later.

Don't go into a community that is dead. Get in on the rising tide, and if you tread water for the first few months you will float into a comfortable practice before you know it.

Don't try to get into the easy place where the legal bars are down. Reasonable severity in the examinations for admission to practice is an advantage, not because it limits competition, but because it insurs a better quality of competition.

What States offer the best opportunities? Some facts regarding the distribution of physicians may be of interest. There are about 125,000 physicians in the country, an average of one to about 630 people. The District of Columbia has the largest proportion, or one physician to 280 people. Next comes Colorado, with one to 367, and California, with one to 375. Neither of these States is promising. Oklahoma has one doctor to every 450 people; still, it is filling up rapidly and the

newcomer has an even chance with the older settler.

Vermont, Ohio, Missouri, Indiana, and Massachusetts all have one physician to 550 people, of less. Illinois has about one to 600. Commencing at the other end of the list, North Carolina has one doctor to 1,300 people, South Carolina one to 1,200, New Mexico and Virginia one to 1,100, North Dakota one to 1,000, Louisiana, Minnesota, and Mississippi one to 990, and New Jersey and Wisconsin one to 950.

Remember, however, that when there are relatively few physicians there is usually some good reason for it.

Now, a word of advice about finding the place. Get all the information you can and then go and see. The western roads generally maitain industrial bureaus and can assist you with much valuable information, both concerning the towns needing doctors and the prospects of carious localities.

Attacks on the A. M. A. and Its Journal.

One of the noticeable features of recent issues of a large number of the monthly journals has been their persistent attacks on the American Medical Association and the knocks administered to the Journal of the A. M. A. We do not now refer to the frothings of certain trade publications, called journals, whose existence is for the sole purpose, apparently, of slandering everything said and done by the aforesaid journal. But is has become popular on the part of certain well established publications to thus periodically vent their spleen. The main point of these outbursts is that the Journal of the A. M. A. aims to establish itself as a medical monopoly and is laboring to freeze out the smaller journals, thus to secure for itself the entire field, at the expense of these weaker competitors. They observe confirmation of this view in its warfare on certain alleged unethical advertisements which they carry and from which they derive their financial support. Some have even intimated that concerted action might be taken to break this alleged journal monopoly.

We are not a bit scared over such a bug-a-boo. In the first place, we recognize the great value to the whole profession of the country of a comprehensive organization such as this, thro' which results have been and can be accomplished for their general benefit. We are contented that it should establish a leadership of the State and county organizations and even, perchance, to presume to dictate, on occasion, as to policies that should be followed. We are willing to assume this attitude of humility, to a degree, because we believe in this interdependent system of organization and recognize that, in order to make it most effective, there must be one admitted head and source of authority. In such a system other individuals must of necessity occupy positions of lesser prominence and responsibility.

As to the Journal, that has become, through the effective labors of the present editorial management, the greatest medical journal in the world. It has not been perfect. Its delinquencies and inconsistencies have nowhere been displayed in such a glaring light as in the matter of advertisements, since it has persistently condemned certain advertisements on one page and carried the same on another for the enlighten-

ment of its readers. But this fault is being outlived and, in spite of the criticisms that may justly be brought against it, it is the leading agency of the day for disseminating medical truth and righteousness among the physicians of our land. Personally, we have no fear of being driven out of existence nor of suffering in our own sphere or influence, however powerful and wealthy it may become. It has a continental field, ours is more or less provincial, as is true of all the local monthly medical journals published. As a matter of fact, if one of our class has a real reason for existence it will survive and prosper, regardless of the growth or influence of others. Therefore, it seems to us that our friends who have so persistently of late gone about with editorial chips on their shoulders can best serve their own interests, as well as those of their constituents, by displaying less of a combative disposition and devoting their efforts to legitimate journal work.—*Editorial, North West Medicine.*

Points Regarding Gall Stones.

"(1) Jaundice of varying intensity deepening after each paroxysm, which may persist for months or years.

(2) Ague like paroxysms, characterized by chills, fever and sweating after which the jaundice usually deepens.

(3) At the time of the paroxysm, pain in the region of the liver with gastric disturbance."

The above symptoms are considered very caracteristic of gall-stone in common duct.

Finally, we should bear in mind that jaundice due to gall stones is always preceded by colic, but when due to tumor is never preceded by colic; that jaundice with a contracted gall-bladder occurs in 80 per cent. of cases with stone in the commonduct;that jaundice with an enlorged gall-bladder occurs in 90 per cent. of cases where obstruction is due to other causes than stone.

Probably the earliest symptoms that present themselves are pain and stomach symptoms. First, it would be well to consider the time of the occurrence of pain. The majority of attacks of acute pain, associated with gall-stone disease and especially those cases in which stones are lodged in the gall-bladder, occur at night.

Premonitory symptoms of attacks of gallstone disease are said by Schnell to be constipation, loss of appetite, vertigo, tinnitus aurium, urticuria, icteroid tinge and scanty dark urine. Errors in diagnosis are more often made when the result of the examination is negative.

When a physician is called to see a case of severe abdominal pain it is often impossible for the patient to locate the point of its greatest intensity. The severer the pain the less likely will he be able to do so. It covers the entire upper part of the abdomen and radiates in many different directions. If the trouble be due to gallstone disease, it may be determined by giving a few whiffs of chloroform, not enough to produce unconsciousness, when the referred pains will disappear and there remains only a subdued pain in the region of the gall-bladder.

There is always tenderness below the 9th rib on the right side when a patient has gallstones and, if the examin-

ing physician will hook his finger under the edge of the ribs and ask the patient to take a deep breath, the inspiration will suddenly cease from pain, when the gall-bladder comes in contact with the tip of the fingers.

Death from Bichloride Tablet Inserted Into the Vagina.

There recently occurred in Pittsburg, Pa., a case of unusual interest. A traveling salesman, having an engagement with a young girl of about eighteen, applied to an advertising irregular doctor, who kept a drug store, for boric acid suppositories as a preventive. The proprietor and his clerk advised him to take instead 7½ grain bichloride of mercury tablets, which they sold him without the appropriate "poison" label.

The man, under the circumstances, naturally supposed that they were to be used in the same manner as the suppositories. He gave them to the girl with instructions to introduce one as occasion might demand. The undissolved tablet was introduced into the vagina, remaining there until entirely dissolved.

The girl was at once taken violently ill, being in agony almost indescribable. She lingered for about six days, death finally ending her sufferings.

The post-mortem showed the usual symptoms of severe ptyalism, enlargement of the cervical and other lympathic glands, enlargement of the vessels of the mesentery, glandular enlargement in the mesentery and along the course of the colon and small intestines, no irritation of the stomach. The vaginal, uterine and tubular mucosa, gangrenous or sloughing. In the pelvis about two pints of serum. No general peritonitis.

In the opinion of the gentlemen who performed the autopsy, death was due to a combination of mercuric and septic poisoning. The druggist, his clerk and the man who was with the girl have all been held for trial in the case.

For the information regarding this case we are indebted to Dr. James C. Dunn, Prof. of Mat. Med., Therapeutics and Clinical Dermatology, West Pennsylvania Med. Coll., Pittsburg.—*Med. Council.*

Gsneral Rules in Poisoning.

There are two or three general rules that can be well remembered, and that always apply in the first treatment of cases of poisoning if the poison was taken by the mouth.

1. A glance at the patient's mouth will at once determine whether a corrosive or non-corrosive poison was used (in case positive information on this point is not affarded otherwise). And this will at once indicate whether an emetic should be resorted to. If a corrosive poison has been swallowed, it is better to at once administer warm oil. If a non-corrosive substance has been used, emetics (hot mustard-water) are called for, or the stomach tube.

2. After this general action it may be wise, and even necessary, to inquire more thoroughly into the question of the kind of poison that is producing the effect under observation, with the view of at once employing specifics antidotes.

3. The next requirement is to sustain the natural process of life by all

reasonable and quickly responsive means at hand.

These three general principles will apply to quite every case of the kind, and may be briefly recapitulated thus:

First.—Emetics or oil, according to whether or not the mouth is burnt.

Second.—Special antidotes, if possible and needful.

Third.—Support the patient.

—*Clinic Review.*

Tying the Umbilical Cord.

A writer in the recent issue of the New York Medical Journal says that a practical way of tying the umbilical cord is to place an artery forceps on the cord near the umbilicus and allow it to remain a few minutes, tightly clasped. On removing the forceps a deep groove of hard, semi-transparent tissue can be seen. The ligature is placed in this canal and tied with a jerk. It is then impossible for it to slip off.

The Parasite of Cancer.

Schmidt (*Fortschritte der Medicin*, 1906) claims to have discovered the parasite of cancer. This he has grown in culture together with its intermediary host. The organism is an ameba which when examined becomes a shapeless mass of protoplasm. This parasite does not develop throughout the whole media, and the intermediary is a fungus such as is found in malignant growths. In cultures of mucor racemosus grown from cancers Schmidt demonsthated his parasite encysted, and by means of this material employed as inoculating media he succeeded in producing tumors in rats and mice resembling Jensen's tumors. In a single case he produced a typical carcinoma, proving its malignancy by microscopical examination.—*Medical Age.*

Myiosis Treated with Calomel.

Smit (*Deutsche med. Wochenschrift*, 19, 1906) finds that class of affections is caused by the larvae of flies which develop frequently in the body cavities opening to the surface, The process may become serious unless the lavrae are gotten rid of, and to accomplish this the author uses calomel, which he dusts over and into the cavity. He cites a case in which fifty-two maggots were expelled from a subcutaneous lesion after the application of calomel. In another case a young man was bitten by a fly in the nose, which in a few ways was filled with the larvae. Calomel was insufflated, and in a few days ninety-three maggots were discharged, when the lesion immediately healed.—*Medical Age.*

Remedies for Ivy Poisoning.

I. Vegetable Remedies.

Grindelia robusta (fld. ext. ℥ij, water, ℥iv).

Lobelia, decoction or a solution of fld. ext. ℥iv, water ℥iv.

Salix nigra, decoction.

Infusion of sassafras bark, applied locally and taken inlanretl..sa o-pd locally and taken internally.

II. Inorganic Remedies.

Ferrous sulphite ℥iv, water ℥viij.

Sodium sulphite or hyposulphite ℥iv, water ℥iv.

Boric acid, saturated solution.

Lead acetate, weak *alcoholic* solution.

Alum curd (alum ℥ss beaten with white of one egg) for face and eyes.

Bad Advice.

The bankers of the country recently received from the Secretary of the Treasury a circular in which he advises the issue of a larger proportion of national bank notes of low denominations, claiming that the circulation of these ontes is of longer duration than that of one hundred, five hundred, and thousand dollar bills. Undoubtedly this is sage advice from a financial standpoint, but he further urges the bankers not to send in their notes for redemption until they are "unfit for use." Such advice is most pernicious, betraying as it does an utter ignorance of the first principles of sanitation. It certainly is astep backward to urge such a procedure. What is needed, and what the medical profession has always advocated, is the early redemption of soiled bank notes which have been demonstrated to harbor innumerable germs and thus aid in the dissemination of infectious diseases.

Mummies and Tuberculosis.

Dr. Rafafelle Sorgnac, lecturer at the Sorbonne, Paris, points out that the exhumation and distribution throughout civilized countries of Egypt mummies have been the means of the liberation and wide dissefination of tuberculosis germs that have been imprisoned in the tombs for thousands of years. He points out that workmen and scholars engaged in the exhumation have suffered frightful ravages from this disease. Also that the large number of mummies shipped back to France by officers in the Napoleonic invasion gave France its first serious epidemic of consumption, and from which focus it was largely disseminated to other European nations and to America. If the doctor's observations are true, the matter is one of vast importance to the civilized world. We must modify somewhat our curiosity regarding the distinguished dead of other ages. It also suggests the most convincing argument in favor of incineration as the best mode of disposing of the bodies of the dead.—*Medical Council.*

Heals Without a Scar.

A London surgeon has perfected a method of incising the skin without leaving a visible scar. He cuts the skin slantwise instead of at right angles to the surface. Perfect contact of the edges of the skin is obtained under a lens. Then a rigid dressing is applied in such a manner as to prevent the skin contracting. Considerable pressure is employed. Sometimes massage forms part of the healing treatment. It is said that old scars from operations can be removed by this method, which, it is declared, is one of the most important advances in surgery in recent years.—*Prac. Druggist.*

The Following are the Rules for the Patients of the Henry Phipps Institute for the Study, Treatment and Prevention of Tuberculosis.

1. Don't spit on the pavement, on the street, nor into any place where you cannot destroy the germs which you spit up.

2. Don't swallow any spit which comes up from your lungs or which comes out of the back part of your throat.

3. Spit into a spit cup when it is possible to do so.

4. Always use a spit cup with a han-

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dle to it so that you can hold it close to your mouth.

5. When you use a china or earthenware spit cup, always keep lye and water in it and scald out the spit cup once or twice a day with boiling water.

6. When you use a tin spit cup with a paper spit cup inside burn the paper cup at least once a day and scald the tin cup with boiling water.

7. Never use a handkerchief or a rag or any other than paper to spit in or to wipe your mouth with.

8. When you cannot spit into a spit cup, spit into a paper napkin.

9. Always use a paper napkin to wipe your mouth with after spitting, and be careful not to soil your hands.

10. Always carry a cheap paper bag in your pocket or caba to put paper napkins in which you have used.

11. When you have used a paper napkin, either to spit in or to wipe your mouth with, fold it up carefully and put it away in a paper bag.

12. Every evening, before going to bed, burn your paper bag together with the napkins which you have deposited in it.

13. Do not let any spit get on your clothing, or your lips and hands, or your bed clothes, or carpets or furniture, or on anything about you, wherever you may be.

14. If by any accident, any spit should be deposited anywhere else than in your spit cup or in your paper napkin, take pains at once to destroy it, either by taking it up and putting it in the fire or by putting lye and water on it.

15. If you have a moustache or

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beard shave it off or crop it close.

16. Always wash your lips and hands before eating or drinking, and rinse out your mouth.

17. If you have a running sore take up the matter which is given off with absorbent cotton and burn it.

18. Avoid handshaking and kissing. These customs are dangerous to you as well as to others. They may give *others* consumption; they may bring *you* colds and influenzas which will wreatly aggravate your disease and may prevent your recovery.

19. Do not cough if you can help it. You can control your cough to a great extent by will power. When you cough severely hold a paper napkin to your mouth so as not to throw out spit while coughing.

20. Sit out of doors all you can. If you have no other place to sit than the pavement sit on the pavement in front of your house.

21. Don't take any exercise except upon the advice of your doctor.

22. Always sleep with your windows

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open, no difference what the weather may be.

23. Avoid fatigue. One single fatigue may change the course of your disease from a favorable one to an unfavorable one.

24. Go to bed early. If you are working, lie down when you have a few moments to spare.

25. Don't take any medicine unless it has been prescribed by your physician. Medicine may do harm as well as good.

26. Don't use alcoholic stimulants of any kind.

27. Don't eat pastry or dainties. They do not nourish you and they may upset your stomach.

28. Take your milk and raw eggs whether you feel like it or not.

29. Keep up your courage. Make a brave fight for your life. Do what you are told to do as though your recovery depended upon the carrying out of every little detail.

30. Always keep in mind that consumption can be cured in many cases and that it can be prevented in all cases.

31. If your own disease is too far advanced for you to recover, console yourself with the idea that you can keep those who are near and dear to you from getting it.

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Curetage of Uterus.

As a final cuensing step after curetage of the uterus it is well to introduce and at once withdraw, a packing of gauze. This brings out with it fragments of tissue not washed out by the irritagation.—*American Journal of Surgery.*

Ocular Eczema in Children.

Fred. Krauss (New York Medical Journal, June 30, 1906) saye that ocular eczema is a disease common in childhood, forming twenty-one per cent of all eye diseases in children under sixteen years. It is most common at the age of two years, becoming less frequent as the age advances. It is endemic, but especially prevalent during the months of May, June, and April, in the order named. Treatment is very important in modifying its progress and tendency to relapse, and should comprise general treatment with attention to diet and hygiene, as well as local treatment for the eye; the severe and stubborn cases quickly improve when rest in bed is fequired of the patient.

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One singular deficiency is noticeable in all therapeutic tests in regard to the newer synthetic and pharmaceutical preparations, and that is that the new preparation is not scientifically compared with other drugs having a similar action, but manufactured by a different firm. This is one of the unfortunate results of commercialism influencing therapeutic progress.

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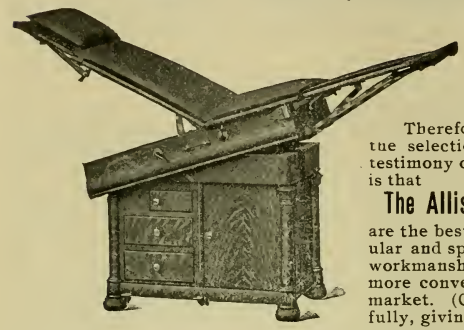

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uable antipyretic and extols it above all others; similarly, the firm B knows how to use printers' ink in favor of their product. Now, which of the two is really the best? Who can tell whether Peptomangan or Ovoferrin is the preferable iron compound to use? Shall we rather use chloretone or somnose when we need a hypnotic, or shall we prefer veronal or trional. Is aspirin superior or safer than antipyrin?

None of these questions have been answered.

Then, again, too little attention is paid to the older remedies and their comparison with the new. It is not sufficient to determine that a certain preparation has a certain therpeutic value in certain diseased conditions. it must also be shown that the new drug is an advance over the other.

We should very much like to see a very strenuous competition among pharmaceutical chemists in the way of making accurate pharmacologic investigations of their own and similar medicinal products.—*St. Louis Courier of Medicine.*

MEDICAL NEWS AND ITEMS.

The next meeting of the Misssippi Valley Medical Association will be held at Hot Springs, Arkansas, Nov. 6, 7, and 8th, under the presidency of Dr. J. H. Carstens, of Detroit, Mich. The annual addresses will well be delivered by Dr. Frank Parsons Norbury, Jacksonville, Ill., in Medicine and by Dr. Florus F. Lawrence, of Columbus, Ohio, in Surgery.

Dr. Norbury has chosen for the subject of his address, "Clinical Psychology," and Dr. Lawrence will discuss in his address "Surgical Principles and Theories." In addition to these addresses there will be the annual address of the President, Dr. Carstens.

A partial list of the papers promised is published herewith. Communications regarding papers should be addressed to the Secretary, Dr. Henry E. Tuley, 111 W. Kentucky Street, Louisville, Ky.

Elaborate arrangements have been made by the local profession of Hot Springs to entertain the visiting doctors and their wives, the meeting being held at one of the largest hotels, which will be specially opened in advance of the season to accommodate the Association. A cordial invitation is extended to every physician in the Valley to attend this meeting for which a large number of interesting and valuable papers have been promised.

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The Eighteenth Annual Meeting of the Tri-State Medical Society of Alabama, Georgia and Tennessee, will be held at Chattanooga, October 2-4, '06. Reduced rates have been obtained from all points in Alabama, Georgia, Tennessee, Mississippi, Louisiana, and Florida, and an unusually large attendance is assured.

The preliminary program includes an excellent list of papers from leading medical men of the South. Strong pressure will be brought to bear to ultimately convert this organization into a branch of the A. M. A. The Association of the Southeastern States, and recommendations will be made at this meeting.

Physicians desiring to read papers should send their titles at once to the Secretary, Dr. Raymond Wallace, Chattanooga, Tennessee.

One case of yellow fever and one suspected case have been reported from Havana.

The eighth session of the Australian Medical Congress will be held at Melbourne, Oct., 1908.

On June 18, 1907, the Fourth French Colonial Congress will be opened at Paris with numerous departments on important medical subjects.

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Thus the necessity for observing strictest adherence to most scrupulous discrimination in securing an approved product is once more convincingly substantiated by the foregoing and furthermore strengthened by a report which Dr. Owen made some time ago to the Medical Society of Victoria. The doctor states "that a child living at Fitzroy, a suburb of Melbourne, became most seriously indisposed through the use of eucalypt." The number of inert and even injurious products of eucalyptus has, since this report is made, rather increased than otherwise, and so we find precaution now even more indicated than ever before. Therefore, please specify "Sander & Sons Eucalyptol" when prescribing.

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The officers of the American Congress of Tuberculosis announce its next session for November 14, 15, and 16, 1906, in New York City. The president is Dr. F. E. Daniel, of Austin, Texas, and the secretary is Dr. M. M. Smith, of the same city.

The 1906 annual meeting of the British Medical Association was held at Toronto, Ontario, on August 21, 22, 23 and 24. This is the second time within a few years that this great medical body has crossed the Atlantic in order to bring the parent body in closer touch with its Canadian members.

The Civil Service Commission has announced an examination to be held for the purpose of obtaining sufficient eligibles from which to organize the force of meat inspectors, which was authorized by the Agricultural Appropriation BBill passed by Congress recently.

The International Red Cross Conference which has been held at Geneva, Switzerland, came to a close on July 6, and it is stated that the desired changes in the international Red Cross agreements were made without serious objection by any of the powers taking part.—*Med. Age.*

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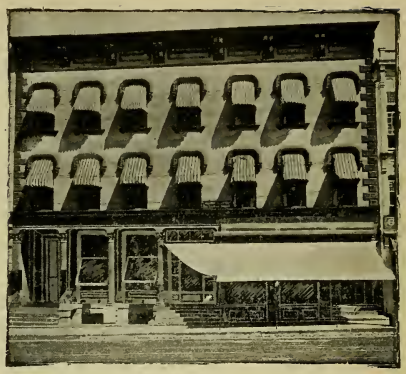

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The Philadelphia Bureau of Health on June 26 condemned thirty-sexen of the one hundred and seventy-one slaughter-houses in the city, on account of unsanitary conditions.

In spite of the earthquake the president of Cooper Medical College, San Francisco, gives notice that the Lane medical lectures will be delivered this year on August 20, and five days following. The course will be given by Dr. John C. MacVail, medical officer of health for the counties of Stirling and Dumbarton. The lectures will be devoted to various subjects relating to practical hygiene, epidemics, and preventive medicines.—*Med. Age.*

The Canadian Journal of Medicine and Surgery devoted the greater portion of its July number to matter relative to the meeting of the British Medical Association, which was held in Toronto in August.

Kaiser Wilhelm conferred the Star of the Crown of Prussia upon Dr von Muhlig on the occasion of the fiftieth anniversary of his appointment as physician to the German hospital in the Turkish metropolis. This hospital is one of the best institutions of the kind on the banks of the Bosphorus, neither efforts nor money being spared to make it the pride of the German colony.—*Med. Age.*

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The new Berlin Pathologic Institute was formerly dedicated June 10, and it is said to represent the realization of Virchow's highest ideal of an institute for research in this line, says the Journal of the American Medical Association. The historic building in which he worked and taught is to be demolished. His plans for the new institute have been amplified, much space having been given for photographic purposes and lantern demonstrations, especially in the dissecting building. The group of buildings comprise the museum which was finished in Virchow's day, the main building, the "Obductionshaus," and the animal building. The institute is in charge of Orth, who has continued Virchow's work as professor and also as editor of Virchow's Archiv.—*Med. Age.*

It is asserted that the case of yellow fever recently reported from New Orleans has proven itself to be typhoid fever.

Dr. George Blumer has been appointed to the Chair of the Theory and Practice of Medicine in Yale University to succeed the late Dr. John S. Ely.

Drs. Frank Allport and Harold N. Moyer, of Chicago, received the degree of LL.D. at the annual commencement of Notre Dame (Indiana) University, on June 14.

The latest venture in philanthropy in Chicago is a medical social settlement on the west side, to be conducted by the Chicago Tuberculosis Institute. A feature will be a large roof-garden for children.—*Med. Age.*

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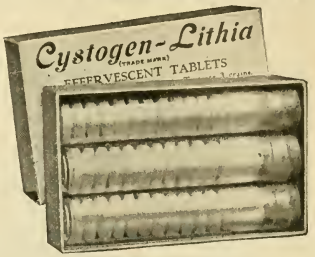

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Surgical Hints.

(*International Journal of Surgery.*)

A film of collodion is an excellent protective material for granulating wounds. It can be made in the manner recommended by Stuart McGuire, by pouring collodion on an aseptic glass plate, and after it has hardened carefully cutting it into strips.

(*International Journal of Surgery.*)

In Potts' fracture it is very essential for a good result to reduce the outward and downward displacement of the foot. This can ordinarily be done by simple manipulation without resort to an anesthetic, the tendo Achillis being relaxed by complete flexion of the knee and thigh. To prevent a stiff joint early massage and gentle passive motion should be practiced.

(*International Journal of Surgery.*)

In lacerated wounds of the hand free drainage is of paramount importance. Tissues irredeemably destroyed should be snipped away with the knife. In suturing the rule is, few stitches and no tension. Amputation must always be the last resort.

(*International Journal of Surgery.*)

In a syphilitic, as in a tuberculosis, individual joint affections may follow a sprain, and the two conditions may resemble each other so closely that a diagnosis is very difficult. In cases of doubtful tuberculosis arthritis, especially in adults, it is well to examine for evidences of syphilis and to try the effects of specific medication.

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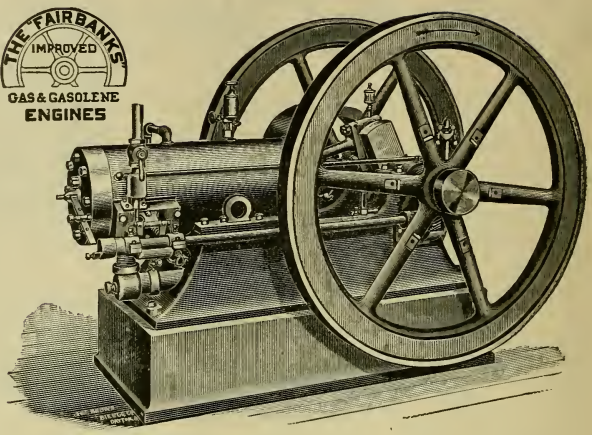

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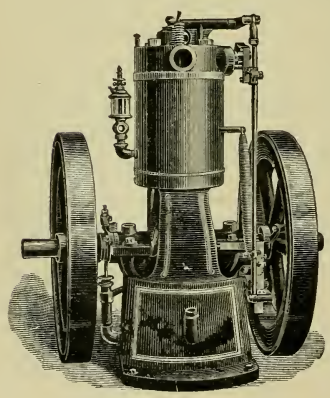

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(*International Journal of Surgery.*)

In cases of greenstick fractures of the forearm it is generally advisable to complete the fracture; otherwise there is apt to be considerable deformity owing to the formation of a mass of callus on one side at the seat of fracture, destroying the symmetry of the limb.

(*International Journal of Surgery.*)

Neurasthenic persons are apt to imagine that they suffer from all sorts of diseases. If such a patient once gets the idea of having appendicitis he is very likely to develop hypersensitiveness and painful areas over the abdomen, as over McBurney's point. Given such a combination of extreme tenderness over this area with constipation and abdominal distention due to intestinal gases, and it is sometimes difficult to diagnoses the case from chronic appendictis.

In cases of hematocolpos and hematometra it is essential to precede all interference by a careful rectal examination in order to determine whether the tubes are distended or not. If hematosalpinx exists a laporatomy and salpingectomy must precede the vaginal operation, otherwise a severe peritonitis may be set up by a reflex discharge of infective secretion from the tubes.—Am. Jour. of Surg.

No operation for sterility in the female should be performed without first excluding sterility on the husband's part.—Am. Jour. of Surg.

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A dispatch from Manila reports that cholera has appeared in that city and the surrounding provinces.

Announcement is made that the California Medical and Surgical Reporter has purchased the Los Angeles Medical Journal, and that the publication of the latter as a separate journal will cease.

All the pharmaceutical preparations made in Turkey will be henceforth subjected by the Medical Council. Only after this examination will they be offered for sale. They will have a label attached with an inscription, "Autorise par le counseil medical." Those submitting the preparations to an examination will have to pay a small tax.—*Med. Age.*

In children suspected of having a foreign body in the larynx it will be generally found necessary to anesthetize the patient before a satisfactory laryngoscopic examination can be made, although in the presence of severe dyspnea no time should be lost in performing tracheotomy.—*International Journal of Surgery.*

Suppression of urine in infants is extremely rare, and in any case in which the child is unable to pass its urine it is far more likely that there is some congenital source of obstruction. The existence of this should be determined by the prompt introduction of a soft rubber catheter.—*International Journal of Surgery.*

In cases of pain in the hip of doubtful origin, examination of the kidney regions may discover the cause.—*American Journal of Surgery.*

In the performance of the radical operation for breast carcinoma it is important to avoid injury to the periosteum of the ribs.—*American Journal of Surgery.*

It is a peculiar fact that many of the cases of tumor of the bladder occur among workers in anilin dyes.—*American Journal of Surgery.*

Hemorrhage from the bladder may yield to irrigations with ice-cold water and with 1-10,000 adrenalin solution, successively.—*American Journal of Surgery.*

Cases of lateral curvature of the spine must be early recognized and treated, for otherwise the deformity is apt to become so fixed that a cure is no longer possible.—*International Journal of Surgery.*

The administration of thyroid extracts or iodides and the application of iodine ointments are only of value in recent cases of soft or parenchymatous goitres, especially in young persons.—*International Journal of Surgery.*

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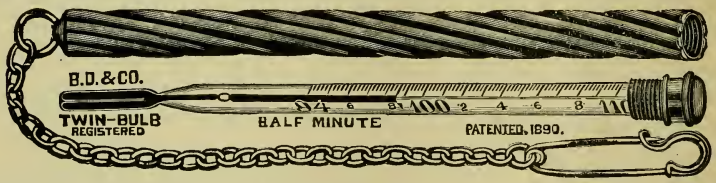

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Parvin advised putting a fly blister over the fourth and fifth vertebrae for vomiting of pregnancy. Dr. Burnett in Wisconsin Medical Record says it will not fail.—*Central States Medical Monitor.*

Epilation is of great importance in all follicular inflammations of the skin, since it not only removes a host of microbes but also affords access for antiseptics to the deeper parts of the follicle.—*International Journal of Surgery.*

In light narcosis the pupils may dilate reflexly from operative manipulations. This, of course, is not to be confused with the sudden extreme dilatation that occurs when the narcosis has been carried too far.—*American Journal of Surgery.*

In a tuberculous patient with supposed chronic appendicitis it is well to suspect tuberculous disease of the ileocecal valve.—*American Journal of Surgery.*

Fractures of the head of the radius are probably more common than generally supposed, being overlooked frequently because of the absence of the ordinary signs of fracture.—*American Journal of Surgery.*

The early reappearance of fluid after tapping a hydrocele does not necessarily mean that the operation has been a failure. It may be but an inflammatory reaction, subsiding spontaneously or under the application of unguentum iodi.—*American Journal of Surgery.*

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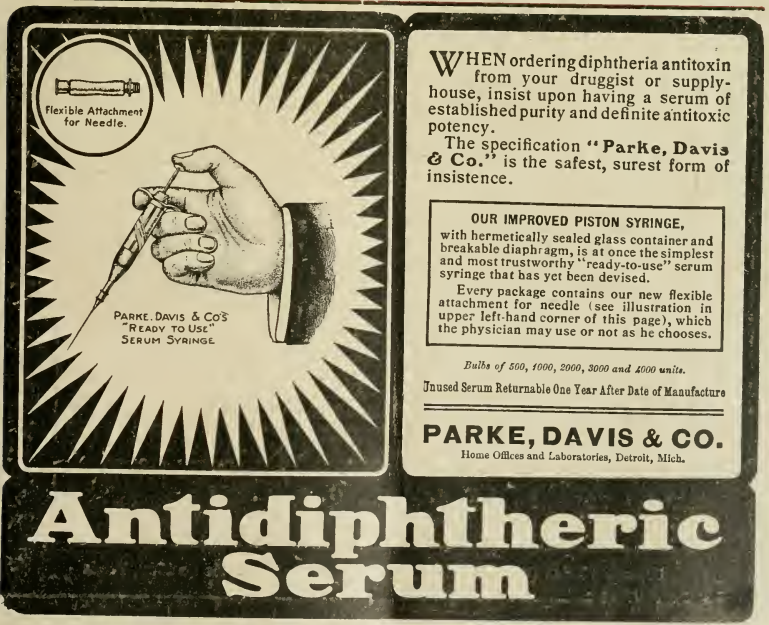

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ORIGINAL COMMUNICATIONS.

The Toilette of the Stomach.

(By Woodbridge Hall Birchmore, M. D.)

I do not pretend to deny my knowledge of the fact that to many readers this use of the word toilette must appear misuse, and I make this confession the more willingly because long after Bouchard in France and Oliver in England had made the idea familiar it was no difficult matter to find those who regarded the doctrines of these two men, the Master and Disciple both of them, as being if not the sayings of men with one idea certainly as being something very like. In the years between 1873-1881 men were still under the influence of the doctrine of Williams, and Beannis of Nancy was positive that in health, except it be in the rarest cases, nothing remains in the stomach between the end of our digestive act and the beginning of the next.

A play could easily be made upon words by which it would be made to appear that one digestive act is prolonged into the next and thus that the statements of both groups of observers were true, as true as generalizations as they undoubtedly were true as observations, but such a play upon words is needless.

When Bouchard-Oliver said that the stomach in the space between acts of eating might contain food for long periods; and again, that the stomach between digestive acts was able to accumulate a contents, which made the digestion of the next ingested food impossible, they made statements modifying, but in no sense contradicting those of Beannis and still less those of

Williams, but the two points of view differed by a remarkably wide angle. Observations have been put on record since by which it is shown beyond all doubt that, at least between the last meal one day and the first of the next, many things may and in some cases certainly do happen in the stomach and its appratus; of this there can be no possible doubt.

According to the first thesis of Bouchard this contents of the stomach is always so changed by the action of gastric ferments that it becomes a readily fermentible substance, which, when changed later on by intestinal digestion, presents all the characteristics of a narcotic toxin. Later, after some wonderful detail studies, he decided that this stomach residue formed, at one and the same time, both the raw material and culture medium, by whose conversion under the influence of the figured elements which it nourished the various toxic substances were produced. At last a form has been given to this teaching which appears to meet practically all the objections except one. This retained substance is itself toxic, is probably found in 7 out of 10 people, yet it seems to cause no difficulty to the individual's usefulness and no distress of any consequence unless it is mixed with substances in process of change to peptones. If so be this mixture was made to happen an attack of nausea came on immediately followed by profuse emesis first of the partially chymified food and then by a small quantity of excessively bitter and ordinarily very offensive mucus, commonly stained green to greenish yellow. This offensive mucus is well known to all of us, as having a unclean nauseous bitter impossible to describe. In some persons, those whom Fathergill in one of his lectures describes as "guilty of chronic dyspepsia," this vomiting can be provoked by almost anything and in one case the fact is recorded with every evidence of extreme surprise that the emesis is produced more readily by cold water than by food, and from the purely speculative explanation which he gives it is evident that he had no idea of the facts, but giving an explanation of the phenomena which he supposed justified by the facts as he knew them, he decided that the material evacuated was the mucus of the stomach, stained with bile, but he fails entirely to explain why and how material from the intestine could pass the *sphincter pylori*.

Those who have followed closely medical literature can not but note with satisfaction the attention now for the third time drawn to the *duodenal sphincter*. This band explains the so-called "bilious vomiting," the material which causes all this tremendous disturbance, (how we long to say "raises such a ruction") is now easily accounted for as being some substance which, caught between the *sphincter duodenalis* and the *sphincter pylori*, undergoes special fermentation, made up in part of duodenal mucus, partly of the so-called "juice" from the pancreas and in part of a minute quantity of bile all reacting together with various figured elements and their ferments upon nitrogenised and starchy substances, this contents might produce almost any thing, any ptomine or anything else.

Bouchard drew attention to the fact that this mixture, and hence its product, contained an unexplained excess

of potassium, and that when the emesis had followed on the drinking of cold water the reaction of the ejecta was always alkaline. Chemically this "green mucus" has many remarkable qualities, it has peculiar effects upon starch and is intensely poisonous to all laboratory animals; and when mixed with milk and forced into the intestine, this intestinal by-product, if passed beyond the duodenal sphincter to prevent regurgitation to the stomach and possible oxygenation, causes an intense narcosis.

From all the facts at hand it appears probable that in some cases this duodenal contents is carried into the intestine past the duodenal sphincter, in the ordinary course of digestion, by reason of the volume of the contents of the stomach without causing any disturbance, yet we can see, if we can not explain the why in other instances, cases in which the reversed peristalsis of the duodenum, closing the lower sphincter and producing the apparently normal effect, causes the emesis.

Taking as at least very probable the conclusions in the Oliver paper of about a year since, in connection with one by Pavy more recently published, it is possible to formulate a thesis, which appears to meet all the obvious needs as an explanation of the phenomena observed.

That the latter, the phenomena observed, the circumstances of these cases as assented to by all, may be fully understood these cases are listed below and tho' at present suggested explanation is given, and finally a therapeutic proposition is stated which may be regarded as correct within certain limits as various attempts to treat these cases founded on this therapeutic proposition have been remarkably successful.

The observed facts are these: 1. Certain persons habitually waken with a "villainous bad taste" in their mouths. 2. In the majority of cases these persons, at once they awaken, are also conscious of an intense thirst. 3. On rising some persons experience "a violent spasm of the stomach, as if it squeezed something out, emptying itself." This sensation is sometimes followed by a most distressing nausea, which endures for maybe one minute or even two; but seldom, or never by emesis, although this at times is observed. As one person to whom such experience is not uncommon has said, "why should emesis follow, I am sure there was nothing in my stomach?"

To which is sometimes added the remarkable statement, "as I have often told you I do not think that my stomach has anything to do with it." In view of the facts lately made so prominent this negation has interest. 4. On the contrary if a small quantity of water is swallowed a very considerable emesis follows, divided between at least two efforts. The third which is usually ineffectual may extend from muscle group to muscle group until it may cause convulsive movements of the extremeties by reason of its severity.

The last phenomenon of the emesis, preceeding the convulsive effort, is the evacuation of a small quantity, usually about an ounce of "glairy mucus" of greenish color and nauseous taste. At this expulsive effort nothing but the mucus is vomitted, and an interval, it may be prolonged to three minutes, intervenes between the end of the last effort, accompanied by emesis of the

water, and that accompanied by the emesis of the mucus, between which efforts are trifling spasmodic movements of the diaphragm and stomach and slight sensations of nausea, but nothing approaching the conditions in the other case described.

5. If the demand for water and the general sensation of thirst is resisted and the mouth carefully cleansed the result may be, not infrequently, a disappearance for the time of the most distressing symptoms, the villainous taste and the nausea, but when such results are attained the success is usually delusive, and the meal which follows is but the prelude to an acute illness, introduced by a severe headache. This headache may or may not be accompanied by somnolence, and it may include among the symptom group high temperature, rapid and very hard pulse, with very marked tension, and intense nausea without desire of emesis or ability to effect it. But at length in these cases in which the warning has been disregarded an intense nausea supervenes, followed by a spasm of the intestines, at intervals, spasm of the diaphragm and abdominal walls, and copious emesis of the food ingested, which has not been properly peptonised, and finally the "nauseous bitter mouthful," as Fothergill calls it, to which reference has been made, comes as the last act in the distressing round.

The Supposed Explanation of the Observed Phenomena.

The explanation which follows is put before the reader not as the only explanation, but as the one which comes nearest to being the needed string or clue to guide us, so far as the present grasp of our knowledge of this most intricate question in pathology extends. This explanation depends for its value upon the facts previously referred to in respect to the duodenal sphincter, the action of which is independent of the pyloric-sphincter and which may act in opposition thereto.

It is further maintained that in the most part of these cases the nausea is due *not* to the possible contents of the *stomach,* but to the contents of the *duodenum,* as yet no attempt has been made to explain the mechanics of the nausea. It may be as well however to state that its evidence of the practical possibility that this nausea has a central origin is abundant.

Be the origin of the nausea central or peripheral there is no longer any reasonable doubt but that it is due to substances active in the duodenum but having nothing at all to do with the gastric contents. Since this is the case it becomes quite needless to enter into any discussion of the condition of the substances contained in the stomach proper. But if we accept the evidence so abundantly at our disposal we must assume that the pyloric muscle-band becomes relaxed since it is beyond question much more powerful than the duodenal sphincter, and this relaxation while readily explained on the basis of a reversed peristalsis can be explained on no other possible.

The reaction of this duodenal content is most suprisingly alkaline while the stomach is as acid in reaction. If an alkaline bi-carbonate is introduced into the stomach union takes place between the gastric-acid and this bicarbonate, accompanied by the freeing of a quantity of carbonic-acid gas. The gastro-duodenal sphincter is at once relaxed and the basic (alkaline) radicles

present in the duodenal contents at once absorb the free gaseous acid and are neutralized. The relation is simplicity's own embodiment, but the actual reaction considered as a chemical phenomenon boasts no such simplicity.

The large (relatively) quantity of fluid now present acts by stimulation, sweeping all the contents directly through the small intestine into the large one when it cannot become the source of any mischief. Dangerous as these ptomaines are in the organs of the small intestine they can do practically no mischief in the large one.

The question which really demands our closest attention is by no means an easy one for the physician called upon to prescribe. The drug he wishes for is "an effervescing saline," but so many are in the market that he may well be unable to decide on the one best suited to his needs. Since the reaction of the stomach is so intensely acid he might prescribe the alkaline bicarbonate only, but that experience has shown this to be usually unsatisfactory.

The mixture known as "Seidlitz Powder" is but little if any more satisfactory in its results, and in general the dose of "Sal Rochelle" when thus administered is so inconsiderably large that one avoids it if possible. Naturally the effect is best produced by mixing the powder producing the free carbon-di-oxide into physical mixture with the cathartic salt, and the very best cathartic salt is magnesium sulphate ($Mg\ SO^4$,) in the acid molecule if possible ($H^2\ Mg^2\ SO^4$) or more correctly the hydrogen magnesium sulphate. But this salt is so very unstable that it can be preserved only in glass and quite removed from moisture. Even tin will not do as a container as the iron is attacked behind the tin coating. The various mixtures containing a small dose of bromine or caffein has each an ardent defender and partisan but the absolute certainty that persistent questioning will develope the fact that having gotten good results in case *a*, this or that mixture has been used in all the sequent cases for no reason but the well doing in the first one not from any careful determination of its fitness. Having carefully examined the action of all these various mixtures on sale in every drug store at every corner, permit me to state that experiment shows that the best saline cathartic for general purposes is certainly the epsom salts, the neutral sulphate of magnesium ($Mg\ SO^4$) and the very best method of administering it is in effervescing solution, and the best commercially available mixture is "Abbott's Saline," as the drug store on the corner calls it.

This conclusion has been reached after a careful comparison of all the various effervescing salines. We repeat the best effervescing saline for general use is unquestionably the Abbott product, not because it represents any one of the needed qualities better than any and all others, but because it has all needed qualities in a greater degree than any one of the rest.

This is then the special ill which we have been vain enough to seek to explain, the sense of distress on awakening, accompanied by a sensation as of a wondrous evil taste, followed by intense nausea and thirst. To which, specially if the thirst be slacked with water, follows emesis, and at the very end of the attack is vomited a "foul mouthful of woudrous evil and bitter taste, and of a greenish color." This foul mouthful

probably comes not from the stomach but from the duodenum. If the stomach be not thus washed out before eating a fierce and grievious headache follows the beginning of food digestion. For this well defined series of evils the most useful treatment seems to be the use of an effervescent saline, and the generally most useful saline "Abbott's." Such is my suggestion in reference to the "Toilette of the Stomach."

The Sinclair Hotel, Brooklyn, N. Y.

Perverted Metabolism—With Especial Reference to Liver Function.

(By Chas. M. Hazen, M. D , Bon Air, Virginia. Professor of Physiology, Medical College of Virginia)

The limits of this paper will permit only of stating and classifying some of the more important metabolic processes and pathological variations from them.

Metabolism is the "change about" of materials in the processes of life. Every cell has the power of effecting metabolic changes in nutritive and waste substances. In the differentiatian from the ovum of cells for various functions, some retain more metabolic power and some less Liver cells have retained more and are high-power metabolizers; epithelial cells, on the contrary, are highly differentiated and are low-power metabolizers. Then again, some cells have especial metabolic powers, as gastric cells, or those of the thyroid gland. (The differentiantion between different-powered cells is due to the possession, or lack, of certain side-atom groups in their respective molecules).

These metabolic powers of the unit organism are such as to enable it to oxidize, deoxidize, hydrate, dehydrate, combine and dissassociate such radicles as Na, K, Ca, and the inorganic and organic acidulous radicles as CH^2 and NH^3.

The greater amount of total metabolism occurs in brain, muscles, glands. Of these, the glands are most especially metabolizers, and of all the glands, the liver is the greatest metabolizer. This last fact has been more or less recognized throughout the ages of medical research and practice. The mere empiricist of the time of Hippocrates knew the need in treatment of disease of satisfactory liver action; and the most highly cultured theorist of today inculcates the importance of complete hepatic function in all pathological conditions.

A review of the normal physiology of this organ is in order:

1. *Oxidation.* O is added by the enzymic action of liver cells to any and all oxidizable substances brought to it by the portal blood, such as carbohydrates, food-proteids and proteid waste. The result of such oxidation is the formation of HO^2, CO^2, (NH^2) ^2CO and other nitrogenous oxidates.

It deals in the same way with what fat may reach it.

An especial class of oxidizable substances are the hæmoglobin derivatives on the way to the formation of bile pigments.

2. *Deoxidation.* The reduction of oxidized material is less important than oxidation, and partakes more of the nature of vegetable anabolism than of animal katabolism. It does occur, however, carbohydrates being reduced to fat; also there are reduction changes in nitrogenous waste.

3. *Hydration.* The liver cells add

water to glycerin, forming glucose, breaks up by hydolysis fats into glycerin and fatty acids, forms ammonium lactate and carbonate from kreatin.

4. *Dehydration.* This is the process by which glycogen is formed from glucose, urea from ammonium carbonate and carbamate.

(There can be little doubt that the two sets of opposite processes, oxidation and deoxidation, hydration and dehydration, are instances of the "reversibility of enzymes.")

5. Other changes are the interchange of basic and acidulous radicls, especially the formation of organic sulphates, as indican which is potassium-indoxyl-sulphate, an illustration of a great variety of reactions by which the liver cell acts as the *scavenger* of the alimentary tract and the *abattoir* for the waste of the whole body.

Under this head come such reactions as addition or subtraction of CH and NH. We recognize these radicals as important in the formation of the fatty acids and the many substances based on them; and of those poisonous products, the ptomains and leucomains.

The above physiological outline carries with it suggestions of the dire results of any perversion whatever of liver metabolism. But there are some especially noteworthy and classical conditions which may be referred to in this connection.

First and foremost is the question of nitrogenous waste. Normally, cells everywhere produce H, N, CO^2, H^3N, purin bodies. These, to some extent, will go on to partial oxidation and hydrolysis before reaching the liver and we will have the additional forms of ammonium carbonate, carbamate, lactate, oxy-purins, amino-purins, glycocoll, kreatin, etc. To these are added similar substances from animal food, and leucin and tyrosin from duodenal digestion.

Now, after all the discussion about *uric acid*, endogenous and exogenous, it still seems possible that we ought to consider *urea* at least the ideal result of complete N-waste oxidation, and that all others may be the result of incomplete or perverted metabolic processes throughout the body and especially in the liver. It is certainly true that in theory, the incomplete oxidates can all be carried on to urea.

Of next importance comes the distribution of the glycolytic and glycogenic function. Here, there is a wide gap in our knowledge, and we are at a loss to know how far the liver is at fault in *diabetes*. It is, of course, necessary to consider the especial functions of the pancreas, but there may be some interrelation between liver and pancreas which makes the disturbance in some cases originally a hepatic one. Disregarding simple glycosurias, we are most concerned with the incurable condition in which the "fatal ratio" occurs between urinary glucose and urinary nitrogen (3.65 to 1). We are at liberty to suppose that in some cases faulty liver metabolism results in the formation of some substance analagous to phloridzin, the substance which, experimentally, causes a diabetes most like the fatal type in man, in which the body proceids are apparently converted into glucose.

As to *obesity* and *fatty degeneration*, our knowledge of their groundwork is not sufficient for us to determine their relation to liver metabolism. Fatty degeneration of the liver itself occurs in phosphorous and late chloroform poi-

zoning; incomplete oxidation is certainly a point to be considered here.

It will be interesting to follow in the future, the study of the body sulphates. The intense chemical affinities of the acidulous sulphur radicals, the presence of S in the proteid molecule and in taurocholic acid, the uses of S in medicine, attract our attention to S waste as well as N waste, and we may find that it is concerned in important pathological conditions.

Reverting, in conclusion, to physiology, attention might be called to the influence of the liver on body metabolism everywhere by the production and contribution to the general blood stream, and thus to all local cell action, of oxidases, reductases, etc. Ehrlich's investigations and theories contemplate the influence of side-atomic groups, not only in the cell but by these groups being thrown off into the blood and lymph stream. We may thus be led to prodicate of the organ under discussion influence not only on elements of the portal blood, but on the functions of every tissue; and we may consider in addition to functions above noted, the existence of powers anti-microbic, anti-alkaloidal, anti-everything, which can threaten the body through a disturbance of normal chemical equilibrium, local or general.

SELECTED PAPER.

Chronic Constipation.

(By Bernard Asman, M. D., Professor of Diseases of the Rectum, Kentucky University, Medical Department.)

Two reasons constitute my apology for presenting this subject for consideration: First, its prevalence as attested both by the general practitioner and the surgeon; second, the vague and imperfect ideas generally held regarding its ætiology and treatment and the almost uniformly unsatisfactory results obtained. Parenthetically, I might add right here what at first thought seems strange, even startling, yet, the statement (and I think we all heard it made time and again) that chronic constipation well pronounced is practically incurable, except in a very small percentage of cases, has gone apparently unchallenged. This opinion, I think, should not be held by the profession today and I well endeavor, briefly, to give my reasons.

First, let us understand clearly what constitutes constipation, remembering that, as a rule, it is not a disease in itself, but a distinct system of disease. Now, since the kind and amount of food ingested, the vitality of the individual, the activity of his degestive function, his mode of life as to exercise, etc., determine to a great extent the length of time required for digestion and the amount of refuse or fecal material left in the bowel, it follows that there must be, and is, in health a wide diversity among different individuals in regard to the frequency of the fecal movements as well as the quantity of fecal matter contained in each movement. Tuttle defines constipation as being a condition of insufficient and tardy fecal passages due to functional conditions or diesases of the intestinal tract. By many authors the term "constipation" is made "obstipation," this latter term being used when we wish to distinguish between constipation as just defined and that condi-

tion in which there is a *sufficient quantity* of fecal material and normal peristalsis, but, because of some mechanical obstruction in the intestinal canal caused by deformity, growth, or stricture in the intestinal tracts itself or because of pressure on the intestine by some abdominal or pelvic organ, or tumor, the timely passage of the fecal matter is prevented or impeded. When a condition of obstipation exists primarily it is but a short time before the general symptoms of constipation develop—a growing tolerance of the bowel to the presence of large quantities of fecal matter within it, and deficient peristalsis being especially marked.

The causes of constipation are indeed many and varied but may be grouped into functional and mechanical, predisposing and exciting. Those cases due to functional derangement, such as impaired digestion, deficient peristalsis, etc., are true constipation, while those dependent upon stricture or mechanical obstruction in the bowel are properly termed obstipation. A discussion of even the principal predisposing and exciting causes, numerous as they are, is precluded by the brief time allowed for the reading of this paper. I will therefore select one, about which, if I am correctly informed, very little has been written or said, yet my investigations convince me that this one particular cause is accountable for a very large percentage of the severer forms of constipation with which we have to cope, and I am glad to be able to say that these cases are curable. A patinet suffering with this form of constipation, which always begins as obstipation, describes a wretched condition indeed, and his physical condition, if not his facial expression, is usually in keeping with his description. I refer to those cases in which there is an *acute flexure at some point in the large bowel*, usually in or about the sigmoid. I am sure that cases of this kind are far more prevalent than we have been in the habit of suspecting. A positive diagnosis can be made very easily by means of the pneumatic sigmoidoscope. You will allow me to remind you, gentlemen, that in the normal individual the sigmoid, when empty, dips deeply into the pelvis, lying between the rectum on the one side, and the bladder or the uterus on the other, and obviously at the bend there is necessarily formed an acute angle. When fecal matter begins to fill up the descending colon and upper sigmoid the loop of bowel is gradually lifted up out of the pelvic cavity, and rounded or straightened out thus permitting the fecal mass freely to descend into the rectum.

Inflammatory disease in this region, such as peritonitis or cellulitis may cause this loop of bowel to become adherent to a greater or lesser degree to the rectum or surrounding structures, thus limiting its mobility and preventing its rising up into the abdominal cavity sufficiently to permit of a free discharge of the fecal passage into the rectum. It is readily understood how bending a tube, even at right angles, narrows its lumen at the point of flexure and thus produces an obstruction. In this way then obstipation has its origin and is rapidly followed by a condition of true constipation, a form which, for reasons that are quite obvious, medicines taken by the mouth can have no effect upon from a curative standpoint. A patient with this condition may go on for years growing

gradually worse all the time and finally becoming convinced that the trouble is incurable; and indeed it is, unless we recognize the true condition, the cause that is keeping up the trouble, and take steps to relieve it.

Before beginning the treatment of a case of constipation a very careful and thorough examination of the patient must be made; and even though the primary cause is found to be an acute flexure in or about the sigmoid, as is the case in the majority of instances of severe chronic constipation, the attending conditions which may have been caused by the mechanical obstruction due to the acute flexure, or may be simply co-existing conditions, must not be overlooked. Briefly, then, stomachic or intestinal indigestion, as well as deficient intestinal, pancreatic, or hepatic secretions must be investigated and the proper remedy applied. Should there be chemical changes producing fermentation and excessive flatulence some anti-ferment, such as carbolic acid and glycerine, can be advantageously used. If the fecal matter when discharged is very dry and solid, some benefit may be derived from taking large quantities of water between meals, or just before meals if there is a great deal of mucous secretion in the stomach. Peristalsis, if deficient, will require stimulation. Directions regarding diet, exercise, etc., must be explicit. The patient must become regular in all that pertains to his daily life, methodical in regard to his meals, his work, his recreation, especially punctual in regard to time of defacation; a certain time being selected, usually in the morning just after breakfast being the best, and that strictly adhered to. Habit in this counts for much and if neglected will defeat most any plan of treatment.

The acute flexure can be delieved by repeatedly distending the bowel with either water or air, preferably the latter. This can be done after placing the patient in the knee-chest position and inserting the sigmoidoscope by slowly and carefully pumping the air into the bowel by means of the pneumatic attachment to the sigmoidoscope; or, better, by means of a hard-rubber rectal tube about four inches long attached to the tube of a multinebulizer. In this way the flow of air can be carefully regulated, being allowed to pass into the bowel very slowly, thus separating the folds and finally lifting up the descended loop of bowel out of the pelvic cavity. Loops of small intestine take its place, the sigmoid being held in its normal position and the acute flexure being obliterated for a considerable time. That this takes place is proven by the fact that after a treatment of this kind the following evacuation will be free and easy, no matter how much difficulty or straining the patient has been accustomed to during defacation. Great care must be taken in the first few treatments to avoid too forcible dilatation. It must also be remembered that if much air is left in the bowel the patient will suffer considerable discomfort following the treatment. Soon, however, the patient becomes accustomed to treatment, and the distension can be made more and more complete.

An advantage of the multinebulizer lies in the fact that the air can be impregnated with a solution which will act as an intraintestinal stimulant to peristalsis. These treatments, in the average case, should be given every

second day for the first week or ten days, after which twice a week is sufficient, and should be kept up, according to the severity of the case, from six to twelve weeks.

Massage, especially mechanical vibratory massage, furnishes a most excellent adjuvant in the treatment of these cases. It can be applied over the abdomen, following the course of the colon, up and down the spinal column, as a general stimulant to peristalsis. In many of these cases a mild degree of intraintestinal stimulation is found necessary for the upper bowel at first and to meet this indication a laxative can be given, the dose of which, however, can be steadily diminished as the effects of the local treatment become evident, and finally be discontinued entirely.

This, gentlemen, is but a brief outline of the method; the details suggest themselves in the course of the treatment. I have treated a number of cases in this way and am glad to be able to report that the cure is not only complete, but seems permanent.—*From The American Practitioner and News.*

Obstetrical Amenities.

(By Stephen Y. Howell, A. M., M. D., M. R. C. S. Eng., Buffalo, N. Y., Surgeon to the Sisters of Charity, Mercy and Emergency Hospitals.)

Our purpose in writing this paper is, briefly to review certain points pertaining to the active exercise of the obstetrical art, and having much to do with the physician's mental and physical comfort or discomfort. We shall consider not merely the pleasing features of the work—the "amenities," as heralded in our title—but its amaritudes as well. By thus blending the bitter with the pleasant, the amaritudes with the amenities, we round out our subject, as it were, and enhance the potential worth of our final inductions.

In the first place, it will be well to consider the wage of the obstetrician. Is it at all commensurate with the service rendered? Reflect for a moment upon the obligations assumed when engaged to see a woman safely through her period of travail. The physician does not simply agree to exercise his best knowledge and skill in his patient's behalf, but he obligates himself to attend personally to her needs. She engages her professional adviser, as a rule, because she believes him to be thoroughly competent and trustworthy. She wants *him* and none other. Were he to fail her in the hour of need, her woes are indeed multiplied. She is forced to rely upon the services of a substitute more or less unfamiliar to her. Though previously agreed upon, perhaps, the alternate is generally accepted with the hope, expressed or implied, that his assistance may not be required. Should even this second choice be denied her by reason of her physician's thoughtlessness, she is obliged, at the last moment, to confide herself to the ministrations of any practitioner who may be available. This last defection on the part of a medical attendant is bitterly resented, and rightfully so. Strong indeed is his position in the family, should the offense be subsequently condoned.

Considerations such as these obligate the strict fulfilment of the accoucheur's contract whenever this is possible. For days and weeks preceding the estimated date of parturition, indeed while the uterus still harbors its occupant, the doctor should be with-

in call, lest he be found wanting in the hour of need. Concede the practical truth of this proposition, as indeed you must, and you concede that the obstetrician who possesses even a fair practice is a slave to duty. Absence is fraught with danger, vacations spell potential disaster.

It has been suggested that the practitioners of some future day will lessen the handicaps of the present by the artificial induction of labor. The proposition certainly has its attractive features.

The period for safe termination of gestation being determined, the obstetrician will appoint a convenient date for the initial steps, just as he does the modern surgeon. Timely work could thus insure a day-time delivery with all its obvious advantages. Rested and wide-awake, the professional attendant would be prepared to empty the uterus secundum artem. Any necessary assistance could readily be obtained, and the theater of work best adapted to the needs of the individual case could be selected.

At present, however, experience and precept teach us that, after the inception of labor, we should rely largely upon Dame Nature. Of course, the temptation to butt-in is terrible. Particularly is this true when the attendant is young, ignorant and correspondingly self-sufficient. Or, business appointments may be so exigent, and old lady Nature so tarnal slow, that even the older and more experienced are prone to excuse the so-called judicious use of gaff and spur.

From time immemorial, however, the loss of time incident to the care of the parturient has occupied a prominent place in the list of professional grievances; and, let me add, it will always, in all human probability, be thus exalted. Why? For the simple reason that until, in the course of man's evolution, the mechanics of labor are altered to that end, delay will be a necessary sequence.

Between the unavoidable and the useless loss of time, however, lies the broad field which separates the really capable, efficient attendant from the opposite type. The competent accoucheur is well informed and well trained. All the problems involved in the parturient act have been studied and pondered over to such a degree that he acts properly and intelligently. In the first place, he is careful to ascertain the precise conditions which confront him. He determines the position of the child and the circumstances which may affect its passage through the genital canal. The fetal pulse is located and, thereafter, serves a monitor and guide. Such a physician has regard for the vitality of tissues, appreciates the disastrous consequences of too prolonged topical pressure upon the material structures, and actively interferes only to promote the welfare of mother or infant.

How painfully different is the conduct of the incompetent! Ignorant, timid, or both, he goes his way "by guess and by gosh," as does a blind guide. His ideas regarding the precise conditions which obtain are nebulous in the extreme. Like Mr. Micawber, of blessed memory, he waits fatuously for "something to turn up," hoping and praying that the "something" may prove to be the longed-for baby. He invades the aseptic passages of the mother with hands so richly provided with bacterial flora that he would ob-

tain a prize in any laboratory devoted to the study of microbic parasites. Instruments are misused to the detriment of mother and child. Resultant lesions are overlooked, deliberately neglected, or repaired in a slovenly, unscientific manner. Such an attendant is by far from being the peer of an intelligent midwife. And yet, wonder of wonders! should his patient survive, and despite the possible death of the child, he is only too often rewarded by the plaudits of an admiring audience. "'Twas a terrible case," exclaim they, "but the doctor pulled the mother through safely!"

The competent attendant, per contra, may be required to deal with conditions of the most serious and trying character. Alert, prompt, and inspired by the confidence begotten of knowledge, he surmounts all vincible difficulties and achieves the best possible outcome. Is his work appreciated? Hardly, as arule. Such good things are taken for granted, received as a natural right. This very preversion of justice it is which constitutes the chief raison d'etre of professional incompetence. Pari passu, with the diffusion of knowledge among the masses, however, the indolent and ignorant practitioner will find his field of pernicious activity more and more circumscribed. He will eventually shrink to an intangible memory—a historical has-been.

Our one excuse for criticism, seemingly so harsh, is the desire to recall most forcibly the importance of obstetrics as a branch of our art, the difficulties involved in its practice and the enormous responsibilities assumed by him who engages in the work. In our opinion, the trials of the accoucheur are tantamount to those of the surgeon. Loss of sleep, mental and physical fatigue, the difficulty of securing assistance in the night-season, the clamor and supererogatory advice of anxious friends and relatives, the responsibility incident to the care of two lives and the choice of procedure —all these tend to paralyse one's efficiency.

In one case the writer was summoned to check a profuse hemorrhage from a vulvar tear, involving the bulb of the vestibule. Persulphate of iron and packing had been resorted to in lieu of a few well-placed suture-ligatures, and the patient was well-nigh exsanguined. In attendance were a surgeon and obstetrician, both of marked prominence in their respective lines. Perturbed by the social prominence of their patient, however, worn out by fatigue, and rattled by anxiety and the frantic appeal of relatives, they had acted contrary to their ordinarily good judgment, and were utterly discredited. Again, it was my fortune to be present at a successful abdominal operation which revealed a ruptured uterus and the absence of several feet of ileum. Through the uterine tear several coils of the intestine had been drawn down and removed with a curet, the physician laboring under the delusion that he was dealing with placental tissues.

Paramount among the amenities incident to the practice of obstetrics are the physician's personal comfort, the appreciation of his employers and the honorarium which rewards his efforts in their behalf. A capable, attentive nurse greatly lightens one's burden. She tides the patient over her earlier trials and calls upon the medical at-

tendant only when his presence is needed. In very truth she is a blessing! Invoke her aid always when the circumstances of your patient render possible such a luxury. Cleanly and attractive surroundings, too, certainly contribute much. Not only is asepsis rendered easier and more certain; but the reflection that a clean bed, or couch, awaits his use when rest is permissible, adds much to the doctor's satisfaction. Repose, undisturbed by even the suspicion of lurking parasitic foes, is a powerful reviver. Fresh in mind and body, with courage, judgment and vigor restored, the battle is renewed; and "the victory of endurance born" seeks to alight upon his banner.

As our patrons rise in the intellectual, social and financial scale, service in behalf of the child-bearing is more adequately appreciated and rewarded. But, mark you, this rule has many exceptions, from the enumeration of which we purposely forbear. Rather let us proceed to the principal theme, anent the fees of the obstetrician. Laconically expressed, skilled assistance deserves the highest obtainable reward; blundering incompetence should be penalized.

The average honorarium of the obstetrician, however, is grossly inadequate. For a simple case of confinement, involving little loss loss of time and few subsequent visits, the physician's charge should equal that of the surgeon who is called upon to amputate the arm of a member of the same family. A difficult, time-consuming labor—one demanding the highest skill and ropest judgment, should, when brought to a successful termination, be rewarded as liberally as any major surgical operation would be. While, at first hearing, these may be regarded as the views of a radical, and quite unworthy of acquiescence, we feel convinced that reflection will establish their practical truth.

Reform in the matter of fees, such as has been suggested, would be productive of great good. Study of the science and art of obstetrics would receive a much-needed stimulus, and specialism would be encouraged. From this increased proficiency there would inevitably follow fewer traumatisms, with all their disastrous train of consequences. Mothers and babies would no longer be sacrificed unnecessarily, and in countless thousands, upon the altar of incompetence, as they now are.

But far above the enhanced reward, in real value, would be the approving sense of personal fitness. The ability to do the right thing, at the right time, and in the right manner would no longer distinguish comparatively few obstetricians from their fellows; it would glorify the whole class.

164 Franklin St.

—*Buff. Med. Jour.*

ABSTRACTS.

A Brief Resume of the World's Recent Cancer Research.

(*Medical Record.*)

Bainbridge states that cancer occurs with the same essential characteristics throughout the vertebrate creation. It is comparatively rare in hot countries, while the Eskimos are immune from tumors of all kinds. Black races are remarkably immune from cancer, yel-

low races are more prone to it, while the white races are the most liable. It occurs when the tissues are undergoing retrograde meta-morphosis, hence it is largely a disease of sinility. It seems to be the consensus of opinion that cancer is on the increase, the principal increase involving the alimentary tract. Various opinions exist concerning the cause of cancer, yet nothing definite has been established regarding the essential cause Surgical treatment has, largely by process of elimination, been established on a firmer basis than ever before. It is the sheet-anchor in our work to-day, and, as a rule, the only bridge across which safety lies . This may be epitomized under the following heads:

(1) Removal of inflammatory conditions, cicatrices and benign tumors before they have undergone any malignancy, thus paradoxically curing the cancer before it exists.

(2) Removal of cancer when present, with a margin of healthy tissue, and the extirpation of lymphatic vessels and lymphatic nodes in close relation to the disease.

(3) Free exicision, even running risks, if necessary, in order to accomplish complete eradication of the disease.

(4) In so-called "inoperative" cases, where the disease cannot be entirely eradicated, removal of as much as possible, shutting off the blood supply to that which cannot be removed, so that the growth may be slower, is certainly a rational procedure. In inoperative cases of cancer of the utterus good results have been reported from Chrobak's clinic by cauterizing with fuming nitric acid or with Paquelin cautery, after removal with a sharp spoon of as much as possible of the diseased tissue.

(5) In those cases which are truly inoperative, where the entire cancer cannot be removed, or even a portion of it, in many cases great comfort may be afforded by cutting nerves and relieving secondary conditions which cause so much suffering.

The Treatment of Tetanus by Magnesium Sulphate.

(Annals of Surgery.)

Blake states that the treatment of tetanus by magnesium sulphate, was suggested by the discovery by Dr. S. J. Meltzer, of the marked action of this salt, when applied to nerve tissues, in inhibiting both afferent and efferent impulses. Meltzer found that one cubic centimeter of a 25 per cent. solution of magnesium sulphate to every twenty-five pounds body-weight was sufficient, when injected into the spinal canal, to produce in most cases anæsthesia to the surgical degree from the neck down. This was the dose usually injected in the four cases reported. In Dr. Blake's case the injections controlled the convulsions from 29 to 37 hours when it became necessary to repeat the dose. Dr. Blake asks for an extended trial for this drug.

A Warning to the Intending Student of Medicine.

The Medical Record states in an editorial that the Association of French Physicians has recently issued a circular to candidates for the bachelor's degrees in letters or science, and to their parents, warning against taking up the study of medicine without a full knowledge of the "miseries of the profession." It calls attention to the overcrowded condition of the profession

and states that medicine is one of the most burdensome callings and presents but meagre chances for the enjoyment, or even the repayment, of the capital invested. The Record thinks such a warning should be sent out in this country.

The Serum Therapy of Tetanus.

(*Annals of Surgery.*)

In an exhaustive monograph Jacobson and Peace report 203 cases of tetanus in which serum therapy has been used. They state that it essential for the production of the disease that the bacillus either in its vegetative or spore state, or its toxin, must gain entrance into the tissues of the body through some injury to the skin or mucous membrane. The bacilli only develop in the absence of oxygen or in the presence of acrobic bacilli, some necrosis is also essential for infection. The period of infection varies from 24 hours to 35 days in the cases reported, a short incubation period usually implies intensity of infection. The presence of tetanus toxin causes no symptoms until it has been absorbed by the muscular termenations of the motor nerves, has passed along their axis-cylinders, and has reacher the motor root-cells in the cord. Preventative injections to be of the greatest value must be administered before the motor-nerves have absorbed any toxin. It should be repeated on the third and fifth, and again from the fifteenth to the twentieth day if suppuration continues. It should be given to every person who has sustained an injury, in which dirt, manure or foreign substance could have been carried into the wound. They state in conclusion that serum therapy as a prohylactic measure merits our fullest confidence, but as a therapeutic agent after tetanus is fully established no method has as yet been discovered whereby it can be administered so as to reach effectively the toxin not free in the blood or lmyph.

Ether Narcosis by Rectum—Report of Cases.

(*American Journal of Surgery.*)

Stucky states that the method of producing ether narcosis by the rectum was first mentioned in 1847, 30 or 40 cases were reported in 1884. Since then it seems to have fallen into disuse. He reports four cases in which he used Cunningham's method of forcing air through warm ether, the ether laden air passing through a rectal tube which is passed from ten to fourteen inches up the rectum. He claims the following advantages: In head and face operations there is free and continuous access to the field. That the patient passes under the influence of the drug rapidly and with no sense of suffocation; less ether is used, not only in producing the narcosis, but in maintaining it; the stage of excitement is lessened or absent; the ether recovery is more rapid, and the disagreeable after-efects of inhalation ether narcosis are diminished or absent.

For chilblains, cajuput oil may be used locally. However, I have had the best results from the use of ichthyol one dram, menthol ten grains, vaseline one ounce, applying the same to parts after bathing feet in a strong solution of salt water and permitting them to dry before the ointment is used.—*Central States Medical Monitor.*

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W. T. Stead's Formula for Brevity

Say what you have to say as clearly and as briefly as possible. A journalist now holding a high position in a European capital told me that he attributed all his success in his profession to some advice I had given him when he stood on the threshold. I had forgotten all about it. He told me I had advised him as a remedy against the besetting sin of all young journalists—verbosity—never to send any copy to a newspaper until he had imagined he had to telegraph it to Australia at a dollar a word, and had struck out every superfluous word to save his dollars. It was good advice. But it ought to have been supplemented by a demand for a still further exercise of imagination, viz., a fine of a hundred dollars if the message, when it reached the other end was unintelligible or obscure from excessive condensation.—W. T. Stead, in *System.*

If there is repeated vomiting and the patient shows some evidences of collapse, after a laparotomy, especially after operations in the gastric region, examine for separation of the wound and prolapse of the abdominal contents.—*American Journal of Surgery.*

A light-bearing cystoscope is a handy instrument for the non-specialist to use for transillumination of the accessory sinuses of the nose. Place the tip of the instrument in the patient's mouth and let him close his lips firmly.—*American Journal of Surgery.*

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EDITORIAL.

Reciprocity.

Reciprocity in medical license between the different State examining boards is a live question just now and is being pretty freely discussed in the current medical journals. The question is a broad one and there are so many difficulties in the settling of it, that a satisfactory solution seems well nigh unattainable. The views of the different writers are almost as devergent as the number essaying an answer to the problem. They range in the scope taken from flippant riducule of State board examiners and medical laws in general to propound discussions of the underlying principles involved.

That reciprocity is desirable goes almost without saying, yet that it must be safeguarded in many points is equally evident. The pathos of the physician in decline of life, recognized in his home State as well qualified for his practice of his profession, and regarded in his community as a man ofeminence, being refused the privilege of professional work in another State is pitable, for we all know how hard it would be for such a man to pass a satisfactory examination before another board. We could wish there was a means of granting such a license.

The chief trouble is in a want of uniformity in medical practice acts of the different States. This arises from the supposed needs of the different sections as to the qualifications of those to be licensed, and until this can be remedied, reciprocity will not be established. Law-makers are not over favorable to the medical profession, and each legislature thinks it knows best what is good for its own State.

Uniformity in laws on other subjects has been attained to a certain extent, but when we come to the questions of medical laws, we are confronted at the very threshold with the fact that the profession itself is not agreed upon a medical practice act, and until it is so agreed, it would be very inconsistent to ask uniformity of the different State

legislatures on the subject. If we can agree through some central body as the American Medical Association upon a medical practice act, then we might afford to go before the various State legislatures and ask for an uniform law with similar requirements as to education and qualifications that would permit of reciprocity between the different examining boards.

Several suggestions have been advanced as to a central board or a board created by the national government, whose license would be recognized in all parts of the country, and below is given the suggestion of the editors of the Southern Practitioner in this line. It is as good if not better than any so far noted, but could not be made effective since it would violate the constitutional right of each state to regulate its internal affairs.

This is the Practitioner suggestion:

"That the retired medical officers of the army, navy and marine hospital service be authorized to make examinations of all who may apply, a certificate of approval to qualify them to practice medicine and surgery in the District of Columbia and all the Territories. Said certificate, we confidently believe, would be recognized by nearly, if not all the States. Boards of three members each could be readily convened annually in the different sections of the Union, at some central, convenient city, to which recent graduates and older members of the profession could apply for re-examination, if they desired to have free range in the days to come in which to pursue their avocation.

These retired medical officers are all well equipped and competent, they have no very strong local or political affiliations, their loyalty being more to the National government as a whole, and the United States at large, rather than to any special local environments. The fees would add something to their reduced pay, as having been placed on the retired list of their special branch of service, and the duties would not be onerous to them.

Therapeutic Progress.

As chairman of the Section on Pharmacology and Therpeutics, Dr. T. F. Riley presented a summary of the Therapeutic Field for the past year before this section at the Boston meeting of the American Medical Association (Jour. A. M. A., Sept. 1, 1906) from which we make a liberal abstract.

Fewer useful remedies than usual have been introduced during the year. An advance has been made in the use of ethyl chlorid by better appliances; as an introductory anesthesia prepatory to administering ether, scopalin-morphine anesthesia has not stood the test, being no better and less safe than morphine-atropia for quieting nervous excitement prepatory to anesthesia. The hypodermic injection of the salts of mercury in syphilis is sperceeding mercurial injections. The new cream substitutes have more disadvantages than advantages. Large doses of creosote and its derivatives in the treatment of pneumonia has not been found of distinct service. Eastern physicians have not found the good results from excessive doses of quinine in pneumonia reported from the Southwest. The disease must be milder in this section. There is a spirit of therapeutic nihilism relative to the treatment of pneumonia, strichnia being the only remedy used with any constancy. The tendency to secure remedies from ani-

mals rather than plants has increased during the year. A note of warning has come relative to the subcutaneous use of preparations of superenal gland sloughing and deterioration of the walls of the arteries—no material increase in the number of diseases benefitted by the Roetengen Ray has been noted. The use of diphtheria antitoxine has been more fully studied, and larger doses, and its use in post-diphtheritic paralysis advocated. Intravenous injection of the substance has not found favors. It has been used for many diseases; it cannot be advocated for cerelro-spinal fever. Antitetanic serum can be regarded as a specific prophylactic agent in suspected cases, especially in all blank cartridge wounds. The use of the plyvalent sera has been followed by marked results more especially as a prophylactic measure.

More study of native herbs is needed. Why should there not be plants that will do for other organs what digitallis will do for the heart or quinine for malaria. They can be found if the same effort is made, as is now expended in seeking new coal tar derivatives.

The new pharmacopeia of all countries issued during the year are more uniform owing to the adoption of the principles advocated by the Brussels Conference in 1902. More frequent revision of the Pharmacopeia is needed and should be in connection with the work of the Assocition.

The war against noistrums and semi-secret preparations has produced a noteworthy advance in therapeutics, and physicians are now writing more pharmecopeal prescriptions rather than the secret preparations. The chief reason why secret preparatons are popular is because of their palatability. A closer relation between the druggist and the physician and invoking the aid of the later, might obviate much of this trouble.

Dope for Quackery.

The American Journal of Clinical Medicine is dealing editorially with a question of importance in view of the crusade now on against the dope evil. In its September issue it brings forth some facts and asks some pertinent questions relative to the professions position in the matter.

It is well known that only a very small percent of the "patent nostrums" and proprietary medicines are manufactured directly by the venedors and exploiters of the same. They have no laboratories of their own, many have no knowledge of medicine, they have no facilities for manufacturing their compound, and Dr. Kebler of Bureau of Chemistry of the Agricultural Department is authority for the statement, though readily ascertainable from other sources, that these concerns have their products manufactured by the large and supposedly ethical pharmaceutical houses, who are soliciting the business of the doctor. These same pharmaceutical houses place all their knowledge, experience, technical ability and facilities at the quack's disposal. Let the quack designate the disease for which he wishes a remedy and they construct his formulas, manufacture his goods and get them ready to place upon the market.

Clinical Medicine does not wish to tear down an honest business structure, and while it may be "business" on the

part of the pharmaceutical houses, does not consider it fair to the doctor. In view of these facts the following questions are asked:

"It is up to the doctor to probe farther in this matter. Who is it that is making "cascarets," for instance, or "Carter's pills," "Stuart's dyspepsia tablets," "damiana wafers," "force of life" remedies and a score of other things sold directly to the laity? Do you propose to remain in partnership with the men who make the "patents" and "nostrums?" Do you approve of a business policy that preaches and lobbies for "ethical" preparations with the doctor, while it "borrows" the formulas of men who really originate successful proprietaries, supplies the druggist with ready-mixed mixtures for counter prescribing, and solicits (on the q. t.) the immensely lucrative business of men who are selling train load after train load of habit-forming "dope" to the laity—to their harm and your business injury?"

The Doctor's Business Side of Life Insurance.

Dr. E. H. Sholl writes (Southern Practitioner, Sept. '06) of one phase of Life Insurance not often alluded to. When a physician applies for the position of examiner for a company, references are required. The investigations required to do this honestly, and for such investigation he demands a fee of five dollars of the company, as the chief beneficiaries of the transaction. The fee is not forthcoming and the matter terminates there, as he only accepts fees from the multi-millionaries of his professional brethren. From such he has not received any fees lately.

He advises that the profession at large should adopt this policy of demanding a fee for this work.

We believe the N. C. State Medical Society adopted a resolution to this effect several years ago.

Dr. J. A. Egan, Secretary of the Illinois State Board of Health, has recently criticised some utterances of Dr. Mayo in his presidential address before the last meeting of the American Medical Association in which he uses the following language: (Buff. Med. Jour. Sept., '06.)

"As to the limitations placed upon practitioners of the various states, the statements of Dr. Mayo are misleading. The restrictions upon those who have already successfully passed examinations in their own states, are gradually disappearing under the present systems of reciprocity. Few physicians who have successfully passed examinations in their own states are required to pass examinations in other states. Thirty-seven states are now empowered to reciprocate; of these twenty-six do reciprocate. But it must be borne in mind that the percentage of physicians who have passed examinations of any kind in their own states is small.

It may be added further, in commenting upon the brief extracts quoted from Dr. Mayo's presidential address, that, among the majority of boards which have found reciprocal relations consistent with the laws under which they operate, a definite understanding has been reached in regard to the minimum requirements of medical education."

A recent editorial in the Journal of the American Medical Association (Aug. 25, '06) gives somewhat different figures on this question, mentioning

eighteen (18) states that have made no statement in regard to or no arrangements for reciprocity. This would leave thirty-two states (including the District of Columbia) whose boards are granted powers to reciprocate, of these four California, Connecticut, New Hampshire and Utah, as given in the Journals "Reciprocity Table" do not avail themselves of the privilege.

There is by no means uniformity in the reciprocity privileges, some states granting them on the basis of examinations and others on diploma or examination, and still others according to Dr. Harvey, Sec. Massachusetts Board of Registration (Jour. A. M. A., Aug. 25, '06) on the I-will-if-you-will system. Of the last class Harvey says there are thirteen or fourteen states. The number of states with which a given state with reciprocity privileges really reciprocates is variable. Thus Oregan reciprocates with only one state, Colorado, and New York with two each, while Michigan uses the privilege with twenty-one.

Harvey, above mentioned, claims that reciprocity is impracticable and on the whole undesirable. He gives as objections to its establishment the following points, each of which he treats at some length; (1) It confers exclusive privileges on certain persons; (2) It deteriorates the standard of medical education; (3) It is of limited usefulness.

The profession is not yet ready for general and complete reciprocity and its accomplishment in the near future is questionable.

NEWER MATERIA MEDICA.

Which is Correct?

E. H. DeW., Milwaukee, Wis., writes to the editor:—Hallberg, in The Journal of the American Medical Association, believes that proprietary medicines should be known by pharmacopæial names. Would it not be better if Vin Mariani were termed "Vinum Erythroxylon," as he suggests, instead of employing for it a deceptive synonym for a regular preparation of the pharmacopœia?

However, such an adjustment of nomenclature might result to others, it would be entirely untrue as to the preparation of Mariani. Vin Mariani was first introduced to the medical profession nearly fifty years ago. Its formula has continued as it was originally presented, representing two ounces of the aromatic and desirable constituents of Coca leaves, to each half litre bottle of wine. "Vinum Erythroxylon," in fact, would be a misnomer for Coca Wine because Erythroxylon is the name of the genus, and not the name of the species from which the wine is made. Vinum Cocæ of the pharmocopœia, and Coca wine of other makes, have all followed the original conception of M. Mariani. They follow after, and of necessity are only imitations of his idea. Some have tried to improve on the original but have ended in failure, not because Vin Mariani is a secret remedy, but because it is made primarily with a regard for, and a maintenance of, qualities known to be present in Coca which others have persistently ignored. Vinum Cocæ only became official in the present edition of the U. S. Pharmacopœia, and as Vin Mariani has been be-

fore the profession nearly half a century. It can hardly be termed "a deceptive synonym for a regular preparation of the pharmacopœia." In fact the pharmacopœia suggests an entirely different prepartion of Coca, based upon the assayed strength of cocaine, while Vin Mariani has a reputation established upon aromatic principles rather than upon cocaine content, and this is the true standard of efficiency of Coca as employed by the Andean Indian.—*The Coca Leaf*, January, 1906.

Nasal Catarrh.

The season for acute attacks of inflammation of the nasal mucous membrane approaches, and we should ever be ready to properly advise those seeking relief from this troublesome affliction. A mild antiseptic cleansing solution, thoroughly applied meets the indications. Glyco-Thymoline 25 per cent solution in pure water, applied warm by means of the Bermingham Nasal douche, 3 or 4 applications daily with the opening of the bowel promptly does the work.

The use of an extract of Spleen substance in the treatment of malaria was suggested several years ago, but the experimental work was not followed to the point where authorities could speak decisively. The subject is now attracting attention again.

The best results from the use of Splenic Extract appear to come from 5 grain doses three to four times per day, along with Extract of Red Bone Marrow which fortifies the blood.

Messrs. Armour & Co. announce that they can supply the Spleen substance made from fresh glands of the calf, in powder and tablets.

The A B C of Coca.

A stands for Andes, the mountains so high,
B for the breezes which blow through the sky;
C stands for Coca—both Co and the Ca—
D "Divine Plant"—it was named by Inca.
E is for the earth 'neath the clouds, far below,
F for the forests near where the shrubs grow;
G the gray rocks over which the mule packs
Huge bundles of Coca done up in sacks.
I for the Indian, without food or drink,
Jogging, untired, 'round high mountain's brink.
K is for Koller, with drop in the eye,
Learning new uses for Coca to try.
M. Mariani first made Coca wine,
Niemann's the chemist who found cocaine;
O for the ore, and some other things, too,
Plentifully found in the land of Peru.
Q is the Quichua Indian race,
Round as to limb but of angular face;
S for the strength of this plodding man, who
Travels all day with but Coca to chew.
U stands for you, if you will but admit
Vin Mariani has made a great hit;
Wine made with Coca—a tonic unique,
Xcellent both for the well and the weak.
You'll find it endorsed full fifty years through;
Zealously, hold, then, that found to be true.

The Coca Leaf, Sept., 1905.

Pepto-Mangan.

Pepto-Mangan, an arbitrary coined word. It is the exclusive property of the M. J. Breitenbach Co. For twelve years we have been advertising the fact that Pepto-Mangan (irrespective of the name Gude) is a trade-mark name, registered October 13, 1891, and is our exclusive property. In order that there may be no misunderstanding, we call attention again to the fact that Pepto-Mangan is *not a synonym* for any other iron preparation, for there is only one Pepto-Mangan.

Science and Medicine for Autumnal Coughs and Colds.

Have your patient bathe the feet in hot water before retiring and drink a pint of hot lemonade. Two Antikamnia and Codeine Tablets taken with the lemonade will quiet the nerves, produce sleep and help break up the cold.

Patients should be advised, when tempted to cough, to take a deep breath, filling every air cell, holding it until the warming, soothing effect comes, or so long as is reasonable, and mark the mollifying result on the cough, which, even when the cough seems unavoidable, will often be found under control. It will help to minimize the cough and in the milder cases will stop it altogether after a little perseverance. The explanation of this is that there is a liberation of nitrogen in the air cells, which has a quieting effect on the irritated mucous membrane.

If the cough is persistent or deep-seated and especially if it is annoying at night, one Antikamnia and Codeine Tablet slowly dissiolved in the mouth, will quiet the nervous tickling and stop the cough.

Tongaline represents a complicated prescription and some of its ingrediedients are very expensive, but all have been most carefully selected, are fresh and pure, and are so skillfully combined by the most improved processes that the full therapeutic strength of each drug is secured, giving one of those happy and fortunate pharmaceutical products which has made Tongaline a standard remedial agent for 25 years.

It would be utterly impossible for any such results to be abtained by hastily compounding an extemporaneous prescription even if all of the ingrediedients were of the freshest and purest, which is not apt to be the case.

As much depends upon the manner in which the ingriedients of Tongaline are compounded as upon the character of these drugs, and years of experimentation have taught its proprietors the most successful method of putting these ingriedients together.

In almost every instance where the expected results have not been secured from the use of Tongaline, it has been found that the genuine preparation was not dispensed. The wonderful success of Tongaline has naturally encouraged many imitations possessing little, if any, intrinsic merits.

Every physician should therefore protect himself and his patients from worthless substitutes by prescribing Tongaline in original packages, or take care that his prescriptions are dispensed by honest and reliable druggists.

Cable dispatches report that Dr. Ishigami, a Japanese bacteriologist, has succeeded in obtaining an anti-toxin for tuberculosis which gives good results in early cases.

MEDICAL NEWS AND ITEMS.

Despatches from Manila announce that the cholera situation is steadily improving, and that the number of new cases and of deaths is decreasing daily.

Anthrax is alarmingly prevalent in the rural districts about Bridgeton, New Jersey, and the State Board of Health has taken vigorous measures to stamp out the disease.

The United States cruiser Columbia recently sailed for Boston from Porto Rico with 300 marines on board, of whom 165 were suffering from malarial infection, contracted at Panama.

It has been decided to create in Constantinople a school for the blind and deaf and dumb. It is said that a tax of one per cent. will be exacted from the salaries of state funstionaries for the benefit of the school.

An investigation into the possibilities of alcohol as a fuel for purposes of generating power is to be carried out by Prof. Charles E. Lucke, of Columbia University, for the United States Department of Agriculture.

Dr. Samuel G. Dixon, State Commissioner of Health of Pennsylvania, has been distributing antitoxin gratuitously to the needy, and reports very encouraging results. In those cases in which it was possible to follow exactly the directions there was no mortality. The whole mortality of cases reported as diphtheria was three per cent.

At the present time in Great Britain, says the London Hospital, there are no less than 40,000 makers or venders of patent medicines, and these patent medicines are computed to supply a revenue of 331,000 pounds to the state. Tuberculosis cures, cancer cures, epilepsy cures, paralysis cures, make up the large majority of patent medicines.

Dr. B. H. Warren, Pure Food Commissioner for Pennsylvania, says that since the recent crusade against doctored meat in the State, twenty-four western counties have paid $72,000 in fines for selling adulterated and doctored products of the big meat packers.—*Medical Age.*

Medical officers of the Marine Hospital Service, according to the last annual repirt, made over 5,000 physical examinations of seamen and candidates for employment in the services which come under the government requirements in this respect, viz., the Revenue-Cutter, Lighthouse, Lifesaving, Philippine Islands, Isthmian Canal, etc.—*Medical Age.*

The authorities of Baden are considering, says an exchange, the organization of a council comprising physicians, dentists, veterinarians, and druggists. The organization will deal with matters affecting the profession and the public health in general. Memberships in the medical chambers in Germany is compulsory on the physicians in a district where one exists. The new organization is planned along the same lines, only it will embrace the allied branches.—*Medical Age.*

The Chicago Medical Society has appointed a committee of three pathologists to cooperate with the Chicago Commercial Association and the Illinois Manufacturers' Association in an investigation of the stock-yards. One of the questions which it is especially desired to study is whether carcasses affected with local tuberculosis are fit for food after the diseased parts have been removed.—*Medical Age.*

It is announced by an exchange that hereafter Boston will take care of its own rabies suspects. That is, all persons bitten by mad dogs, who would otherwise have to be sent to the Pasteur Hospital in New York, at a cost of $200 or more each, will be treated at the Boston City Hospital at far less expense. Three cases have been treated successfully, the patients being discharged cured after a period of two weeks each, so it is alleged; but to make it certain the patients will be kept under observation for some time. —*Medical Age.*

A Parisian surgeon, who operated on a servant in the presence of her mistress, was accused by the servant of having kissed the mistress, the woman testifying that as she was recovering from unconsciousness from the anesthetic she saw the act performed, says the Medical Record. The matter was brought up in a divorce suit, but as the result of the testimony of such prominent men as Brouardel and Debove, who pointed out the liability to sexual hallucinations of those under the influence of general anesthetics, the court rejected the evidence of the servant.

The following will explain itself:

PHILADELPHIA, Sept. 1906.

To the Editor:

Dear Sir: Permit me to call your attention to the enclosed, "Notice to the Profession." Our Association wishes to regulate and simplify the old method of having three scales in use for measuring Catheters, Bougies, Sounds, Rubber Tubing, and many other articles, and therefore wish the change brought to their notice through the Medical Press.

Respectfully yours,

WILLIAM LENTZ, President.

Notice to Medical Profession.

At a meeting of the American Surgical Trade Association held in Philadelphia, June, 1906, it was resolved that after January 1st, 1907, the trade adopt the French Scale for Catheters, Bougies and Sounds.

A committee was appointed for the purpose of getting up a proper and accurate French Scale Card, and the same will be mailed to you.

Every physician will see the importance of this step as you are all acquainted with the annoyance of having Catheters, Bougies and Sounds, and other instruments marked in American, English or French numbers.

You are requested from date to use only the French Scale in ordering such goods and when no scale is specified, orders will be filled by the French Scale.

A case of typhus fever has been discovered in Philadelphia in the person of a young man recently arrived from Denmark.

The Illinois State Board of Health has issued a new pamphlet, written on the same general lines as one published last summer, containing information on how to take care of babies. Suggestions are given for the nursing mother, artificial feeding is fully discussed, and the advantages and disadvantages of the various infant foods are carefully considered. This pamphlet is issued for gratuitous distribution, and those who wish copies should apply to Dr. James A. Egan, secretary of the Board at Springfield, Ill.—*Medical Age.*

An elaborate French treatise on water-supply seems to prove, says American Medicine, that other diseases than typhoid are favorably affected by pure water. Twelve cities are enumerated to prove this. Periods of five years before and after the pure water was introduced are taken. It is shown taht the average death-rate from typhoid fever decreased 69 in every 100,000 persons, leaving an annual death-rate from that disease of only 20 in the same number of inhabitants. But the death-rate from other diseases fell 410 in every 100,000 persons.—*Medical Age.*

The thirty-seventh annual session of the Medical Society of Virginia will be held in the Hall of the University of Virginia, Charlottesville, Va., October 9-12, 1906, inclusive. Chairman of Local Committee of Arrangements: Dr. Charles S. Venable. Chairman of Sub-Committees: Halls and Exhibits, Dr. H. C. McCue; Entertainment, Dr. J. A. B. Sinclair; Hotels, Boarding Houses, etc., Dr. J. H. Browning; Reception, Dr. J. S. Davis. Officers of the Society: President, Dr. Lomax Gwathmey, Norfolk, Va.; Vice-Presidents, Drs. S. T. A. Kent, Ingram, Va.; Greer Baughman, Richmond, Va.; T. C. Quick, Falls Church, Va. Recording Secretary, Dr. Landon B. Edwards, Richmond, Va. Corresponding Secretary, Dr. John F. Winn, Richmond, Va. Treasurer, Dr. R. M. Slaughter, Theological Seminary, Va. Chairman Executive Committee, Dr. P. A. Irving, Richmond, Va. Chairman Committee on Nomination of Applicants for Fellowship, Dr. Wm. D. Turner, Shoalbay Va.

In an accident bulletin issued on July 23, the Interstate Commerce Commission repeats its former opinion, that the block system is the best means for avoiding the occurrence of railroad accidents. The report, says the Medical Record, covers the months of January, February and March, 1906, and shows the total number of casualties to passengers and employees during this period to be 1,126 killed and 17,170 injured. This is an increase of 17 killed and 52 injured over those reported in the preceding three months. The number of passengers and employees killed in train accidents was 274, a decrease of 46. There were 1,921 collisions and 1,569 derailments, of which 289 collisions and 167 derailments affected passenger trains. The damage to cars, engines, and roadway by these accidents amounted to $2,924,785.

The President on June 8 signed the denaturized alcohol bill, which provides that alcohol for use in the arts or industries and made unfit for drinking purposes shall be free from the internal revenue tax.

An amendment to the quarantine regulations applying specifically to all parts of the United States below the southern boundary of Maryland has been issued by Secretary Shaw, with the object of enabling the fruit steamers to land their cargoes without detention. Under the new rules vessels are allowed the alternative of remaining out of the United States ports until five days from the time of leaving the infected port have elapsed, or of making a change of crew. In the latter case the ship is permitted to enter as soon as the crew, except the master and chief engineer, have been removed from the vessel, placed in the quarantine station, the living quarters of the vessel thoroughly fumigated, and a new crew placed on the vessel. Immediately after unloading all parts of the ship required to be simultaneously fumigated for the destruction of mosquitoes. After this loading is allowed, and the relief crew remains on the vessel until the quarantine station is reached, where the old crew goes aboard. The members of the relief crew are compelled to remain at the quarantine station until the arrival of another vessel, or until relieved by the quarantine officer. Two sets of living quarters are to be kept at the quarantine station for the incoming and relief crews, and both quarters must be thoroughly fumigated immediately after being vacated.—*Medical Age.*

According to the New York Tribune, the army officers are much pleased with the results of the precautions which have been taken to preserve the health of troops on duty at the seven camps of instruction, where will be mobilized in the next few weeks all the infantry, cavalry, and field artillery, together with some militia. Some time before the camps were occupied the army surgeons and quartermasters arranged for special apparatus to equip them with hygienic sewerage and water-supply departments. The system was a thorough one, and involved the purchase and installation of the latest methods of camp conveniences. The results have been observable on every side. There was some criticism of these arrangements on the ground that it would not preserve the element of emergency which would be encountered by troops suddenly ordered into the field. Of course, in time of war the mobilization of a large body of soldiers would have to be at places where the conveniences and comforts were improvised, perhaps in great haste, and with inadequate facilities. It was considered when the situation was fully discussed by the military authorities, however, that nothing was to be gained by approaching this incomplete state more nearly than was absolutely necessary. The first condition to be made by the army surgeons was bound to be the perservation of the health of the troops, and it was reasoned that in this respect the dire emergency, with its costly demands upon individual comfort hygiene, might profitably be ignored.—*Medical Age.*

It has been decided to transfer from San Francisco to Berkeley all instruction in the first two years of the medical curriculum established by the University of California. In future, students desiring admission to the medical department will be expected to have completed a two year's course in

physics, chemistry, zoology, and the German and French languages. Medical students at Berkeley, therefore, will start work at anatomy, physiology, and pathology as soon as they join. The last two years of the curriculum will be passed at San Francisco as heretofore.

The Boston Medical and Surgical Journal states that an out-of-door camp for sick babies is to be started this summer on an open space overlooking the river by the New York Association for Improving the Condition of the Poor; it is to accommodate one hundred infants in open tents. The object of the enterprise is less individual than general, the desire being at once to teach poor mothers how to take care of their children in hot weather, and to give an object-lesson to the city of the benefits which may be expected if open spaces are devoted during the hot season of the year to a similar purpose.—*Medical Age.*

Asthmatics should drink no fluid whatever with meals, nor for three full hours thereafter; but there is benefit derived from drinking a cup of hot water half an hour before meals and before retiring for the ninght.

It is not sufficiently well known that ammonia in any form is a perfect chemical antidote for formaldehyd poisoning, the drugs combining to form the comparatively harmless urotropin.

Drs. A. J. Crowell and Reid Russell, of Charlotte, have returned from their European trip. While on the Continent they spent several weeks in study at various seats of medical learning.

The report of the New Hampshire State Board of Health, published July 14, declares, according to the Medical Record, that of 408 samples of prepared food products examined 186 were found to be adulterated, misbranded, or below the standard. These samples include canned meats, milk products, jellies and preserves, catsups and table sauces, and other articles. Nearly all of these articles, the report states, are manufactured outside of New Hompshire, but there is no legal way in which their entry into the State can be prohibited. Judgments have been entered in the Circuit Court of Lexington, Ky., against several sausage manufacturers and jobbers for selling adulterated products in violation of the Kentucky pure food law.—*Medical Age.*

Surgeon-General Wyman has obtained permission for the United States Public Health and Marine Hospital Service to establish quarantine and disinfecting stations at St. Lucia and Barbadoes. This is done so that vessels which have passed at these ports may be allowed to enter the port of New Orleans without the customary period of detention.

The New Jersey State Board of Health's bill providing for the manufacture and free distribution of antitoxin was vetoed on June 8 by Governor Stokes, on the ground that as some municipalities already suppied free antitoxin it would be unfair to these to use State moneys to furnish antitoxin to other communities that were less liberal.

PIL·CASCARA CATHARTIC

RECIPE OF DR·HINKLE
INTRODUCED BY
WILLIAM R. WARNER & CO.

A Valuable Cathartic and Intestinal Tonic

Prescribed by the most Eminent Physicians and always with success

AVOID CHEAP IMITATIONS
SPECIFY "WARNER & CO."

FORMULA

Cascarin, 1-4 gr. Aloin, 1-4 gr.
Podophyllin, 1-6 gr. Ext. Belladonna, 1-8 gr.
Strychnine, 1-60 gr. Gingerine, 1-8 gr.
SUGAR-COATED PINK.

WILLIAM R. WARNER & CO.
MANUFACTURING PHARMACEUTISTS
PHILADELPHIA NEW YORK
CHICAGO NEW ORLEANS

Surgical Hints.

Rectal ulcers are frequently of syphilitic origin, and this fact must always be given due consideration in determining the cause of rectal strictures.

The presence of a suppurating discharge from the nose in children frequently points to the existence of a foreign body, although occasionally its detection may be very difficult.

In the early stage of acute gonorrheal endometritis it is important to abstain from applications to the uterine mucosa, and to restrict treatment to simple measures of cleanliness, as vaginal douches and sitz-baths.

Men of healthy and vigorous appearance have not rarely been found to suffer from azoospermia, so that examination of the spermatic fluid of the husband in cases of sterility in the wife will often save the latter from much useless treatment and discomfort.

In cases of suspected foreign bodies in the urethra exploration with sounds should be avoided, or very cautiously performed, as they are apt to be pushed in deeper. It is frequently possible to detect their presence by careful puapation of the penis or through the rectum.

After operations for hemorrhoids bleeding sometimes recurs after a time. This is not always attributable to the incomplete removal of the piles or to the formation of others. It may be due to hemorrhoids which are seated high up above the sphincter and which often can only be discovered by rectoscopic examination.

Every case of retropharyngeal abscess demands prompt incision, as an attack of asphyxia may arise at any time and terminate fatally before the physician can be summoned, or should the abscess burst spontaneously, the contents may be drawn into the air passages and cause death immediately or from secondary pneumonia.

Owing to the fact that in the infants the pharyngeal opening of the Eustachian tubes is on a lower level than the floor of the nasal cavity every nasal catarrh is attended with the risk of involvement of the tubes and otitis media. Hence any sudden rise of temperature in an infant during the course of coryza should awaken the suspicion of commencing aupal trouble.

—*International Jour. of Sur.*

Let It Be Resolved

That we strive to carry to every patient a more pronounced spirit of hopefulness and good cheer; to know more about disease, exhausting, so far as we may, every possibility of relief or cure; to search for medical truths and eccept them wherever they may be found, regardless of source; to meet our defeats like men and fight our battles with undiminished courage; to hate evil and have no commerce with hypocrisy nor with those who fatten on the misfortunes, the ignorance and the appetites of the weak; to give every man a square deal and demand the same for ourselves; to be kind to all but especially the unfortunate; and, finally, to dedicate our energies and our talents to the service of our fellow men, aiming to make Medicine, as we practice it, so helpful, so efficient, so scientific, that there shall be no abiding place in the communities in which we work, for quackery in any of its many forms.

Dr. W. C. Abbott.

Lanolin added to the oleates makes them more efficient.—*Central States Medical Monitor.*

The Keystone of the Therapeutic Arch

which goes to form the treatment of the secondary anæmias is iron; the other constituents of the arch comprise such remedies as aid digestion and improve nutrition.

Colden's Liquid Beef Tonic No. 1 not only provides the necessary iron in an assimilable form, but it holds in combination those remedies which the modern physiologic therapeutist has proved to be most effective in arousing the digestive organs and improving nutrition. Hence, the undeniable efficacy of Colden's Liquid Beef Tonic No. 1, in the treatment of the secondary anæmias. Write for sample and literature.

Sold by all Druggists.

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We make a specialty of Fine Leather Furniture for private homes, offices, clubs and societies. We can save you money and give the best.

A complete line of Furniture, Carpets, Curtains and Mattings. The largest stock to select from in the South.

Write us for our Catalogue.

Carpet samples sent on application.

Parker-Gardner Co.

16 West Trade Street. - - - - - - - - - CHARLOTTE, N. C.

1876. 1906.

AT the opening of this Spring season we wish to extend an invitation to our friends, customers and the public in general to call on us and see the finest display of Spring Clothing, Furnishings and Haberdashery that we have ever had the pleasure of showing. Also a complete line of Hats, including all the latest styles in the celebrated Stetson Hats. ¶ Goods sent on approval returnable at our expense.

The Long-Tate Clothing Co.

42 South Tryon Street. Opposite Buford Hotel.

Bronchial Asthma.

The distressing condition known as bronchial asthma very frequently puts a practitioner at his wits to know what to do. Not only the complaint of the patient but the misery demonstrated calls for relief, even if it be only temporary, and a suggestion in reference to treatment is gladly received by those who have had experience in such cases. The New England Medical Monthly presents this subject, mainly taken from the London Practitioner. In considering the treatment of bronchial asthma attention is called to the importance of distinguishing it from the other forms of athma, renal asthma, hay asthma, thymic asthma or laryngismus stridulus due to enlargement of the thymus gland.

Bronchial asthma or spasmodic asthma is the condition in which there is a marked neurotic element, and is caused by a sudden contraction of the unstriped muscular fibers in the walls of the bronchioles, which are innervated by the pneumogastric nerve. The spasms usually occur at night, accompanied by wheezing through the day.

The treatment, as described by the Practitioner, is arranged under two heads:

1. That to be resorted to during the attack.

2. That to be adopted during the in-

Medical College of Virginia

ESTABLISHED 1838.

Department of Medicine, Dentistry and Pharmacy

The Sixty-Eighth Session Will Commence September 26, 1905.

HONOR SYSTEM.

Excellent Theoretical Course with Thorough Practical and Clinical Instruction in the Memorial Hospital City Free Dispensary, and New and Well-Equipped Laboratories, all under the exclusive control of the College, together with the State Penitentiary Hospital, City Almshouse Hospital and other Public Institutions. For Catalague Address

CHRISTOPHER TOMPKINS, M. D., DEAN,
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The Jefferson Medical College of Philadelphia.

Founded 1825. **A Chartered University Since 1838.**

New Hospital, New College Building and New Laboratories.

The Eighty-second Annual Session will begin Sept. 4, 1906, and continue eight months. For four annual sessions the curriculum provides without extra fee: 1. Practical manual training in ten different laboratories recently fitted up at heavy cost. 2. Recitations by the faculty and others. 3. Didactic lectures and demonstrations in the commodious new buildings. 4. Clinics and bedside ward work in small groups at the College Hospital; beside the clinics given by the staff of the college at the Pennsylvania, Philadelphia, German, St Joseph's and Municipal Hospitals. 5. Lying-in cases at the College Maternity.

THE NEW FIREPROOF HOSPITAL, costing $1,200,000, with unrivalled facilities for clinical teaching, will be opened this year.

For circular and information, address

J. W. HOLLAND, Dean.

CACTINA PILLETS

A Safe Cardiac Tonic Stimulant

In cardiac and general muscular relaxation due to functional cardiac and circulatory disturbances "Cactina Pillets" has many advantages over other and older heart stimulants.

As it has no cumulative action, it can be given freely during the treatment of febrile or chronic diseases and in all cases where it is necessary to employ a heart sustainer; or when it is desired to improve foetal circulation during gestation.

Each pillet represents one one-hundredth of a grain of Cactina, the active proximate principle of Cereus Grandiflora (Mexicana).

DOSE—One to three Pillets three or four times a day.

Free samples to Physicans upon request.

SULTAN DRUG CO. ST. LOUIS, MO.

Pharmaceutical Chemists.

SENG

The Digestive Secernent

A preparation of Panax (Ginseng) in an aromatic vehicle.

The therapeutic action of Seng is that of a stimulant to the secretory glands of the entire alimentary canal.

In those conditions resulting in *malnutrition* due to a lack of the digestive fluids, its employment will encourage a return to normal alimentary functionation.

Thus it is valuable in some forms of *dyspepsia* and wasting diseases.

DOSE—One or two teaspoonfuls three or more times a day.

PUT UP IN 10 OZ. BOTTLES ONLY.

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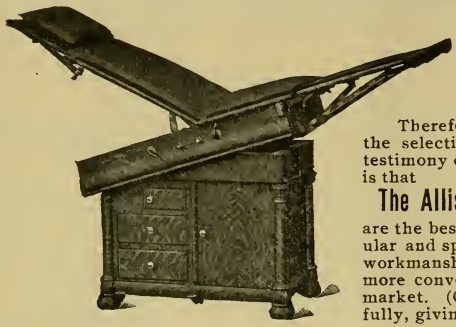

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tervals to prevenut their recurrence if possible.

During the attack a little chloroform should be inhaled to produce rapid relaxation of the bronchial muscles. Cigarettes of stramonium leaves may be of service. A powder consisting of pulverized belladonna, stramonium and hyoscyamus leaves with some potassium nitrate burnt and the fumes inhaled will often bring relief. An inhalation of from three to five minims of the nitrate of amyl from a crushed capsule frequently relieves the paroxysm. Between the attacks the following combinations, containing potassium iodid, is recommended:

℞ Potass. iodidi, gr. x.
Tinct. lobeliæ, ʒ ss.
Vini ipecacuanhæ, *m* xij.
Aq. chloroformi, q. s. ad ʒ j.

M. Ft. mistura. Sig: Two tablespoonfuls three times a day, after food.

Or:

℞ Potassii iodidi, gr. 12.
Ext. stramonii, gr. 1-6.
Spir. chloroformi.
Spir. ammon. arom., aa *m* 20.
Aq., q. s. ad ʒ ½.

M. Sig: To be taken at one dose on retiring at night.—*Central States Medical Monitor.*

Treatment of Common Colds.

The Therapeutic Gazette says: "Atkinson writes in the British Medical Journal of January 6, 1906, that in the case or an ordinary head cold the quickest result, in his experience, is obtained by giving 30 minims of spirit of nitrous ether and 30 drops of aromatic spirit of ammonia in 1 ounce of water, repeating the dose in two and then every four hours. Three or four doses are generally sufficient to put a stop to the discharge. Should the discharge

happen to be thick when first seen, then a snuff composed of 1 grain of cocaine, 2 grains of menthol, and 100 grains of boric acid quickly effects a rapid cure. When the cold has run down into the trachea, as shown by a tickling of the throat whenever a long breath is taken, then a mixture of liquor ammonii acetatis 5 ij, spirit of nitrous ether m. 10, in 1 ounce of water, every four hours, rapidly gives the required relief."

The Charlotte Medical Journal speaks of a spray of resorcin as follows: "Welsford (British Medical Journal) is of opinion that the obvious line of treatment of common colds in the head is to spray the nasal passages with an effective antiseptic, and the difficulty has been to find one which is not only efficient but is also sedative to the mucous membrane. The author finds such an antiseptic in resorcin, having used it upon himself for a considerable time, and also prescribed it freely with results most favorable. In his own case it relieved a most troublesonme hypertrophic rhinitis, with which he had been troubled for years, and the nasal catarrhs which used to attack him with unfailing regularity whenever he had the misfortune to approach any one afflicted with a cold have been conspicuous by their absence. Similarly good results have been reported to him by patients, and the drug appears worthy of a more extended trial. The best mode of employing resorcin is as a spray. A watery solution of about 5 grains or more to the ounce is used, combined with a little alkali. Tablets for nasal irrigation are made by the leading pharmaceutical firms, which contain bicarbonate of sodium, and common salt, together with menthol, or thymol and oil of wintergreen. One of these tablets should be crushed and added to the resorcin solution to the strength required. The solution should be sprayed up the nasal passages freely regularly as a morning and evening duty, and the spray should be used very freely whenever a cold threatens.—*Central States Med. Monitor.*

The Nose and Asthma.

Asthma has always been looked upon as a neurotic manifestation, and as such the nose was among the first regions of the body which was held responsible for its etiology. It was argued that the nose formed the most important portion of the reflex arc which called into action the reflex phenomena constituting the asthmatic symptom complex. Additional weight was given the nasal theory because of the frequent association of lesions in the nose in very many asthmatics. Polypi, with or without ethmoiditis, large hypertrophies of turbinate bodies, septal ledges and spurs, marked septal deflections and other deformities were and are often associated with asthma or asthmatic manifestations. On the other hand, a certain proportion of cases present no nasal lesion except during the paroxysm, when, with few exceptions, the nasal mucosa will become engorged and more or less nasal stenosis exist. Whether this engorgement so plainly seen in the nose occurs also in the bronchial mucosa, thus causing the difficult breathing, or whether the respiratory embarrassment be due to spasm of the bronchial muscular fibers, is a mooted question. The advocates of the former view look upon asthma as a true neurosis manifesting itself in

a vasomotor paresis, While those holding to the muscular spasm idea consider it a distinct reflex disturbance. In either case the nose most decidedly enters into the discussion, but whether as a cause, effect or complication is difficult to definitely determine.

It is interesting in this connection to refer to the view of Francis of London, who reports wonderful results from cauterizing a given portion of the nasal septum. Following this procedure he obtains, in a large percentage of cases, absolute relief and often complete cure. His method is empirical, for Francis himself can only formulate a theory without proving it. The nose, he says, has some equalizing relation to the respiratory center, which in asthma is out of balance. It will be seen that here again does the nose enter into question, and in fact it is difficult to get away from the thought that the relation between this organ and the symptoms constituting asthma is indeed a close one. Unquestionable cures have resulted from the removal of nasal polypi or other obstructive lesion in the nose. Even when the lesion is insufficient to cause stenosis, relief is obtained. As a matter of fact, Francis claims the best results in those cases which show no intra nasal disorder. He even goes so far as to advise against interfering with whatever nasal lesion exist. He contents himself with simple cauterization, following, however, definite rules with great care.

In view, therefore, of the uncertain and conflicting theories, none of which has been proven or accepted, one can only conclude that: First, a distinct relation exists between the nose and asthma; second, this relation may be cause, effect or coincident; third, many cases are relieved by intra-nasal treatment or operation; fourth, when, after intra-nasal procedures, the asthma is benefited, the conclusion must favor the nasal cause.—*Denver Medical Times.*

Arsenical Therapy.

Arsenic has been used in medicine chiefly in two forms, arsenous oxid and liquor potassii arsenitis, which is equivalent to a one per cent. solution of the trioxid. The average dose of the oxid is 1-30 grain; of Fowler's solution, 3 minims. The oxid occurs in two varieties, commonly combined: The amorphous, or glassy (soluble in 30 parts of cold water), and the crystalline, or opaque (soluble in 80 water). Because of its wide range of incompatibility, arsenic in solution is best given with nothing else than water or glycerin. As it is an irritant, it should be taken as a rule after meals.

Arsenical solutions are rather slowly absorbed, and not fully eliminated for some weeks. The resulting cumulation is partly counterbalanced by the tendency to acquire tolerance, as with other poisons, so that the arsenocophagi of Styria and the Tyrol become habituated to doses of five grains and more. Arsenic has a marked selective action on the gastro-intestinal tract, no matter how the drug is administered, and when in excess produces fatty degeneration of the epithelia of the lining mucous membrane. It is held within the body in the form of arsenites (Cushney), largely in the liver and the nervous tissues, being excreted for the most part in the urine, but also by way of all the other secretions and excretions.

In small doses (one or two minims of liquor potassii arsenitis) arsenic

stimulates the normal functions of the stomach and bowels, and has been highly recommended by Bartholow and others in cases or irritative dyspepsia and lienteric diarrhea coming on just after eating. When indicated for such a purpose it is best given just before meals, and the beneficial effect is enhanced by adding a small dose of tincture of opium.

The prime use of arsenic is as a constructive tonic, promoting nutrition probably by lessening tissue change. This anabolic action is especially noteworthy in pulmonary tuberculosis. According to Butler, the remedy is useful and markedly beneficial only in those cases of phpthisis which are characterized by excessive expectoration and a slow degenerative process, and it is contra-indicated when the cough is harsh and paroxysmal with but scanty expectoration and a tendency to pulmonary hemorrhage.

Arsenic has been highly recommended by Anstie and Satterthwaite for the cardiac degeneration of senility and arteriosclerosis, and they claim that it mitigates the subjective symptoms to a marked degree. Chronic neuralgic conditions, whether of malarial origin or not, are frequently cured by a persistent use of arsenicals. Acute cutaneous affections are made worse by the stimulative action of arsenic taken internally, but chronic scaly and papular skin diseases (psoriasis, lepra, eczema, pemphigus) are helped more by this drug than by any other internal medication. The topical use of arsenical pastes in the treatment of epithelioma and other tumors has been largely supplanted by radiotherapy. Arsenic is especially well borne by children, and it is considered almost a specific in chorea by many authorities. In all forms of anemia, particularly the pernicious type, it should be utilized, usually with iron.

The drug is usually administered in courses of two or three weeks' duration, with free intervals of a week or so. The usual practice is to begin with a dose of two or three minims of a liquid preparation, increasing one minim daily until toxic effects (puffy eyelids; red, itching eyes; nausea, dyspepsia, diarrhea; headache; numb fingers) are produced or the dose reaches ten to fifteen minims—then repeat or reverse the method. Much larger doses of arsenicals can be given hypodermically than orally without toxic symptoms. Fowler's solution is very irritating subcutaneously, and a solution of sodium arsenite or arsenate is preferred for hypodermic use. The cacodylates are not so poisonous in the same dose as are the inorganic arsenicals; neither are they so certain or effective in their action, being excreted for the most part unchanged, though sometimes they are reduced in the intestines with distinctly poisonous results.—*Denver Medical Times.*

The Choice of Anesthetics.

In a valuable symposium contributed to by various prominent American surgeons, W. W. Keen (Therapeutic Gazette, June 15, 1906) says:

"1. In perhaps 95 per cent., certainly 90 per cent. of my cases I use ether as the preferable anesthetic. It is undoubtedly less dangerous than chloroform. Many years ago I had two fatal cases from chloroform, both in the early stage—one before I had even begun the operation; in the other immediately after dilatation of the anal

sphincter. Moreover, though I have never seen D'Arcy Power's paper, to which your letter alludes, as to the greater danger or chloroform in prolonged anesthesia, I quite agree with him in his conclusion as you state them. Furthermore, they confirm Leonard Hill's earlier experiments.

"2. I use oxygen very rarely with ether, but I do so in a considerable percentage of the cases in which I use chloroform, as I regard chloroform as safer with than without the oxygen.

"3. Sometimes I use ethyl chlorid or nitrous oxid, but not as a routine procedure.

"4. I prefer chloroform in operations about the mouth, for two reasons: *a*, That one often has to use the actual cautery, and there is no danger from the vapor of chloroform taking fire. (This danger, however, if one uses ether, can very readily be avoided by driving away the fumes of the ether by a towel or a gauze dressing used as a fan.) Besides this, chloroform is of value because it does not produce such a free flow of saliva and mucus as ether does. This is a particular advantage in operations on the tonsils, cleft palate, etc. *b*, I use chloroform much more frequently in children and in elderly people very largely on account of the small amount of mucus which is provoked by its use. I recall very vividly two cases of circumcision in children in which I used ether, and they were nearly drowned in the mucus that was suddenly poured out into the lungs. They were only saved by seizing them by the heels and allowing the mucus to run out literally in a stream.

"It was also my custom to use chloroform and oxygen in operations upon people with renal disease. Some of the more recent experiments seem to show that the assumption that ether is more irritating to the kidneys is untrue. I am, therefore, in doubt as to whether it is an advantage, but I do not believe that it is a disadvantage to use chloroform, and hence, I have adhered to its use in these cases, but I always give it with oxygen.

"5. I use ether rather than chloroform in all operations on the brain. This I always have done largely because of my general preference for ether, but recently Cushing and others have called attention to the distinct danger in intracranial pressure caused by chloroform, which is additional reason for using ether. In cases of cardiac disease, as a rule, I think ether is the best and safest anesthetic. In long operations I would always prefer it, for reasons given above. In all operations in which it is a matter of indifference which anesthetic shall be used, I use ether.

"In operations for goiter, as a rule, I give no general anesthetic for two reasons: *a*, Ether particularly distends the veins, which are, of course, one of the chief annoyances and often a chief danger in operatons upon goiter; and *b*, especially in doing an extirpation operation I prefer to have it possible to engage the patient in consation in order to warn me of any possible danger to the inferior laryngeal nerve. Sometimes even in cases in which, before I began the operation, I expected to do an enucleation, I have been compelled for various reasons to proceed to extirpation, and if a general anesthetic had been given I should not have been able to avail my-

self of this advantage in avoiding the nerve.

"In any case in which the hemoglobin is below 50 per cent., great caution should be used in the administration of either chloroform or ether, as they lessen the percentage of hemoglobin, as Chalmers, DaCosta and Kalteyer have shown, and where the hemoglobin falls below 30 per cent. only emergency would justify the use of general anesthetic. If it is possible to use local or spinal anesthesia in these cases, it is much preferable.—*Memphis Medical Monthly.*

Effects of Imagination on Health.

What is the nature of that mysterious bond of connection between mind and body we may never know, but the notice of the effects is sometimes interesting, startling, awful, as will be subsequently shown by well-attested facts, because of its bearing on the health and happiness of men, is the importance practically of keeping the mind constantly employed in something useful and agreeable. One of the great secrets of human happiness is to be profitably busy. Of all men they are the most miserable who have nothing to do; and yet, as far as the writer's observation extends, those who have nothing to do, never have time to do anything. The mechanic who is fully employed is the very man to perform a job for you punctually. When nothing presses on the attention, the mind is prone to dwell on small things; and strangely too, these small things the nine times out of ten, among the disagreeables. The absence of a neighborly nod from an acquaintance or a fellow citizen, who never failed to nod before instantly sets a "nothing-to-do" to dork; his whole soul is full of business, so much so, that he can think of nothing else; the mind is tumultuously tossing, and all creation is veiled in a hurtling gloom. There is no stopping to inquire whether the offending one is near-sighted; whether he is not going for the doctor, or, worse than that, "shinning it" among his business friends to meet a note in bank. Mr. Nothing-to-do gets hold of a fact, or story, or occurrance, and by its help he imagines a great wrong has been done him; he pores over it, he cherishes it most pertinaciously, he even wakes up in the night and thinks about it, until his mind itself is fully roused, and he can not go to sleep again. The more he thinks the more sleepless he becomes and tosses and tumbles about on the bed by the hour; and as the mind becomes hotter, the body begins to sweat, and he gets up in the morning as haggard and weary as an exhausted madman.

It is a well-known fact among medical men that a young student of physics will have a dozen different diseases in the first years of his novitiate. It seems that the study of certain diseases sometimes favors their real or imaginary development. Men and women often come for the treatment of consumption, when on examination the lungs are found to be as sound and full acting as the lungs of a race horse; a slight thinness in flesh, or pain in the breast, or troublesome cough, from a disordered stomach or liver having been magnified to mean that they were falling into a fatal disease. Alas, how often are these imaginings taken advantage of by men who assume to be physicians, and subsequent restoration is blazoned abroad,

and certified to, in the newspapers as "cure of consumption," when the consumption never existed but in the imagination of a "nothing-to-do." Some patients are too rich to get well. If they had to take in washing at fifty cents a dozen, or had a house full of children "to do for," and no servants to help, with a sick husband to boot, they would soon be well enough. Let the reader remember then, "a symptom is the very last thing you should dwell upon. An anecdote is told of a French philosopher in illustration of the power of imagination.

A French philosopher served in Napoleon's army, and was present at many engagements during the early part of the last century. At the battle of Wagram, in 1809, he was engaged in a fray, the ranks around him had been terribly thinned by shot, and at sunset he was nearly isolated. While reloading his musket, he was shot down by a cannon ball. His impression was that the ball had passed through his legs below his knees, separating them from the thighs; for he suddenly sank down, shortened, as he believed, to the extent of about a foot measurement. The trunk of the body fell backward to the ground, and the senses were completely paralyzed by the shock. Thus he lay motionless amongst the wounded and dead during the rest of the night, not daring to move a muscle less the loss of blood should be fatally increased. He felt no pain, but this he attributed to the stunning effect of the shock to the brain and nervous system. At early dawn he was roused by one of the medical staff, who came round to help the wounded. "What's the matter with you, my good fellows?" said the surgeon. "Ah," he replied, "touch me tenderly, I beseech you; a cannon ball has carried off my legs." The surgeon examined the limbs referred to, and then, giving him a good shake, said, with a joyous laugh, "Get up with you, you have nothing the matter with you." He immediately sprang up in utter astonishment, and stood firmly on the legs which he thought he had lost forever. "I felt more thankful," said the philosoqher, "than I had ever done in the whole course of my life before. I had not a wound about me. I had, indeed, been shot down by an immense cannon ball; but, instead of passing through the legs, as I firmly believed it had, the ball passed under my feet, and had ploughed a hole in the earth beneath, at least a foot in depth, in which my feet suddenly sank, giving me the idea that I had been thus shortened by the loss of my legs."

A gentleman who had a slight affection of the head became alarmed and took the matter so much to heart, that he fully persuaded himself that his head was growing unusually large. It became a settled conviction in his own mind that it was absolutely swelling. After taking his wife to church he had occasion to leave and attend a meeting of an association to which he belonged. He was very uneasy while there, occasionally feeling his head, and finally bolted again to the church, to get his wife and go immediately home. In the hurry of leaving, he picked up another man's hat, vastly too small for him, and in full run, clapped it on his head. What was his horror to find taht it wouldn't begin to fit. In vain he tried to press it over his achnig brow, but the beaver wouldn't yield a particle. This only strengthened his con-

viction in relation to his growing head, and with the utmost speed he gained the church just as it was breaking up and the congregation retiring. The congregation were amazed at his abrupt manner in calling for his wife and then a doctor.

"What is the matter?" said one.

"Oh, matter enough. My head's getting as large as a court-house door; a doctor—quick."

In a few minutes a physician who was present came forward, but could not satisfy him that his head had no extra bulk. He finally prescribed free bleeding and cupping on the back of the neck. The patient and his wife started home, and called, on the way, on a cupper and leecher, to get his assistance in the matter. Just as the man of cups was about to commence operations, the lady observed that her husband had a strange hat and immediately informed him of that fact. He looked at it carefully for a moment, and his strange fancy of a swelled head seemed to give way under the disclosure, and at once he dispensed with the bloody preparations to reduce it.

Not only the body, but the mind and heart, become diseased by giving way to the imagination; in this very manner was it, that men were once led into heathenism. Paul states, in the first chapter of Romans, that the world "became vain in their imaginations, and their foolish heart was darkened," that is, I presume, their jurgment was blinded. The reader will also see, I trust, the beautiful appropriateness of Scripture language, so often repeated as a caution against "vain thoughts," groundless, without reason; these vain imaginations lead to moral and physical death, and ought to be striven against as a religious duty.—*Medico-Chirurgical Journal.*

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There are many degrees between an absolutely inert and injurious article, and one which was proved by expert witnesses at this Tribunal of Justice to be absolutely pure and scientifically standardized, viz: the genuine "Sander & Sons Eucalyptol." But mediocrity has no place in medicine and only the best and most reliable article will make and maintain the doctor's reputation.

Thus the necessity for observing strictest adherence to most scrupulous discrimination in securing an approved product is once more convincingly substantiated by the foregoing and furthermore strengthened by a report which Dr. Owen made some time ago to the Medical Society of Victoria. The doctor states "that a child living at Fitzroy, a suburb of Melbourne, became most seriously indisposed through the use of eucalypt." The number of inert and even injurious products of eucalyptus has, since this report is made, rather increased than otherwise, and so we find precaution now even more indicated than ever before. Therefore, please specify "Sander & Sons Eucalyptol" when prescribing.

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Headache and Neuralgia From Troubles in the Nose and Accessory Sinuses.

Joseph A. White, Richmond, Va. (Mobile Med. and Surg. Jour.) The perplexity of the practitioner in case of obscure headache is mentioned in introducing this subject and the author says that while headache can be relieved by anodynes that this does not give the cure the patient expects. While the term "nervous headache" is used to cover our ignorance, the writer says it really does express exactly what the trouble is.

Passing over headaches related to eye trouble he says "many pathological conditions in the nose can produce reflex irritation of the trigeminal branches, and cause these nervous headaches." The upper air passages are so richly supplied by branches of the trigeminus that any condition causing pressure on these would bring about a headache through irritation. He advises a careful examination of the upper air passages even in patients who feel satisfied taht they are in no way affected. Citing the fact that a bad cold can produce a headache, and that he has seen headache, frontal, temporal and in the upper jaw, resulting from cautery of the middle turbinate, he says—"Now if this slight irritation would produce such a condition how much more natural it is to expect the same or worse results from continued pressure of an enlarged turbinate or from a spur growing from the septum and pressing into the turbinate." He further states that these conditions can be present without interfering to any great extent with usual respiration and without the presence of any discharge so that the patient may be entirely ignorant of their presence. Even adenoids produce headache, especially pain in the back of the head. "Trouble in the ethmoid cells and especially in the frontal sinus produce severe headaches, which are sometimes agonizing."

After citing ten cases illustrative of the points mentioned, the writer takes up the discussion as follows: "Now, I do not pretend to say that every subject of nasal trouble has headache, because that would be as far from correct as to state that all people with refractive and muscular error have headache, as neither would be true." He thinks, however, that a large number who have headaches could find the source of them in the nose and the nasopharynx. He thinks that it is a

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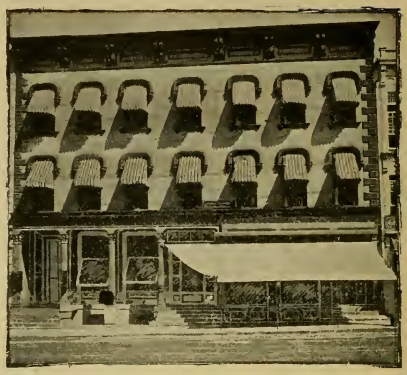

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hard matter to explain why some have these reflex pains and others do not from the same causation. He concludes that it is due to the difference in the condition of the centers and their resisting powers.

"Constitutional causes which lower the resistance of nerve centers, such as malarial and rheumatic changes, imperfect digestive apparatus and excess of uric acid may undoubtedly help to keep up the malign influence; but after the train of symptoms has once started, the source of local or peripheral irritation must be done away with before constitutional treatment prevails." He advises surgical treatment of the local conditions and attention to the patient's general health.—*Maryland Med. Journal.*

Clean Milk.

Have you observed what great interest the subject of clean milk has aroused all over the world? Milk and ice cream are the most common conveyors of disease, it is right that an increasing attention should be given to this important article of food. The New York State Journal of Medicine, June 1906, has a short editorial on this subject:

"The question as to which is the best milk for infants and children, next to mother's milk, has passed through various stages of discussion. The

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most available milk in this country is that of the cow; and sterilization by means of heat was applied to it as soon as the bacterial cause of the enteric diseases of childhood. This process has undergone much the same change as the contention for absolute asepsis in surgery has; it has been found that it is quite impossible to eliminate all bacteria, that a few micro organisms do little or no harm, and that to kill all the bacteria inflicts damage upon the environments in which the bacteria live. So Pasteurization wrought deleterious changes in the milk; and effort simply to minimize the number of bacteria has been followed by such astonishingly good results that it signalizes one of the great advances in preventive medicine.

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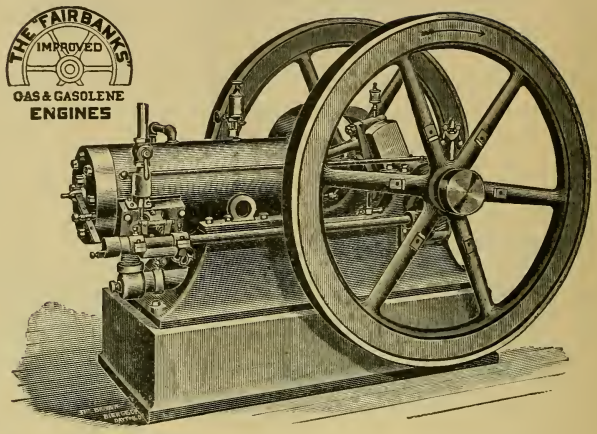

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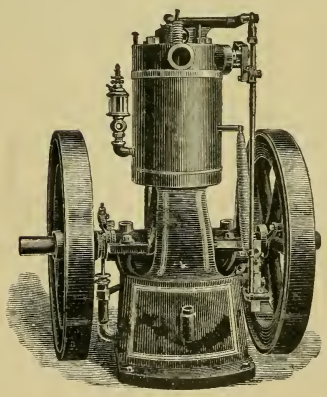

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skin stimulates the heat centers to a greater activity and at the same time causes a redistribution of the surface blood. This tonic effect spreads to the whole nervous system and shows the greatest benefit in typhoid fever, tho' here the prolonged immersion extracts the excess heat. In all torpid conditions the quickly administered cold application serves a very valuable end, even at the extremes of life. It is different in the nerve exhaustions of hot weather, where we aim to soothe and not to stimulate. The English found long ago in India that those who bathed in tepid water were in better condition and stood the climate longer than those who used cold. The morning plunge may well be all right in England, as it stimulates the heat production needed for life in their cold houses, but in India the extra heat thus produced may have been a factor in the universal nerve exhaustion. Those who take numerous cold baths in summer are merely thereby adding to the draft of the furnace and producing more heat to bother and exhaust them."

Persistent pains in the leg may be due to obliterating endarteritis. This occurs occasionally even in young men and often goes on to the production of gangrene. Both syphilis and excessive smoking are suspected as etiological factors.—Am. Jour. of Surg.

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College-Bred Vagabonds.

It is only too true that the laborer is really in less danger of starving in this country than some helpless educated vagabonds. Education presents some concise statements in regard to this topic:

"College-bred vagabonds occupy considerable space in all discussions of the unemployed, but rarely, if ever, is the pathologic side of the matter even touched upon. The Bowery Branch of the New York Y. M. C. A. gives assistance to many derelicts in the course of the year. It is said that of the last 3,228 helped 17 were graduates of universities, 137 from colleges, 71 from academies and 417 from high schools, a total of 639. The usual proportion is about one-fourth. This is a horrible condition of affairs and the cause must be discovered. These are sick men unable to work—suffering from neurasthenia, generally, on which is grafted an alcohol or drug habit to increase the basic disease. Is this dreadful blot chargeable to the educators or physicians? Perhaps a few were unfit subjects for education and should never been sent to school higher than the eighth grade. If so, some way should be found of discovering such cases and preventing this waste of money—and lives. Perhaps some of them were injured by the exhaustions of excesses of some sort—athletics or even the 'grind' of much study and insufficient sleep. Most are probably sufferers from eyestrain. The learning possessed by some of them proves that they must have been ideal students in the eyes of the teach-

ers. A few are said to be full of classical knowledge of no earthly use to them—splendid Greek scholars begging for bread. The worst of all, is the fact that three-fourths of the men—including the uneducated—are native born Americans and only one-fourth foreigners. Inability of the body in some direction or other to respond to the increased demands, the hurry and rush of our modern civilization is at fault in most cases, but there should be definite knowledge as to what causes these neurasthenias in the native born."—*Courier of Medicine.*

Philosophy of Osler.

Except it be a lover, no one is more interesting as an object of study than a student.

No human being is constituted to know the truth, the whole truth and nothing but the truth; and even the best of men must be content with fragments. In this unsatisfied quest the attitude of mind, the desire, the thirst, the fervent longing are the be-all and end-all.

The hardest conviction to get into the mind of a beginner is that the education upon which he is engaged is not a college course, not a medical course, but a life course, for which the work of few years under teachers is but a preparation.

Men will not take time to get to the heart of the matter. After all, concentration is the price the modern student pays for success. Thoroughness is the most difficult habit to acquire, but it is a pearl of great price, worth all the worry and trouble of the search.

A true student is a citizen of the world, the allegiance of whose soul, at any rate, is too precious to be restricted to a single country.

Lift up one hand to Heaven and thank your stars if they have given you the proper sense to enable you to appreciate the inconceivably droll situations in which we catch our fellow creatures.

Hilarity and good humor, a breezy cheerfulness, a nature sloping toward the southern side, helps enormously both in the study and in the practice of medicine.

Io victis! Let us sometimes sing of the vanquished. Let us sometimes think of those who have fallen in the battle of life, who have driven and failed, who have failed even without the strife.

You can not reach any better position in a community; the family doctor is the man behind the gun who does our effective work.

The successful teacher is no longer on a height pumping knowledge at high pressure into passive receptacles—he is a senion student anxious to help his juniors.—*Courier of Medicine.*

Inoculation For Syphilis.

Some little time ago Metchnikoff apparently inoculated successfully the ape with syphilis, and then became convinced that the simple friction of a calomel ointment over the seat of inoculation would render the infection inert. These experiments were, however, restricted to apes, and it is a well-known fact that these animals contract syphilis with difficulty, so that it was not considered that this proposed prophylactic measure offers mankind any security.

A short time ago Metchnikoff re-

ceived unexpected assistance from a young doctor named Maisonneuve, a descendant of the celebrated surgeon of the same name. He offered himself for experiment, and inoculated himself with syphilis. He applied the preventive remedy, and no outbreak of the disease occurred. This has caused considerable sensation in the French press. Metchnikoff has maintained that circumspection and silence are demanded in matters of prophylaxis, as it would be blameworthy not to make known widely all genuine methods of preservation.

After a number of articles had appeared in the daily press the matter was brought before the Faculty of Medicine through the thesis of Dr. Maisonneuve. The courage and devotion of the young doctor received unanimous praise, but the jury could not admit that without control experiment the prophylactic virtue of the experiment had been demonstrated. The discussion of this verdict produced a polemic in which Professor Grancher opposed Metchnikoff, giving out his opinion that a single experiment in man is too hasty and too limited a proceeding to confirm the infallibility of any prophylactic measure. He thinks that in social hygiene it is not wise to proclaim *urbe ad urbem* that such simple remedies for syphilis are effectual, as the diminution of a salutary public fear of the disease will most certainly increase by a sense of false security the number of its victims.

While the value of Professor Metchkoff's experiments must not be minimized, the expediency of caution in admitting his conclusions cannot be denied.—*Medical Age.*

Ivy Poisoning.

℞ Ichthyol, 1 drachm.
Menthol, 10 grains.
Thymol, 3 grains.
Oil of vaseline to make 2 ounces.
M. Sig: For local application.

The Medical Council suggests the following:

1. Alcohol dissolves the poison readily, sugar of lead allays the inflammation. Therefore, apply a strong solution of acetate of lead in 50 per cent. alcohol.

2. Sweet spirits of niter has long been recognized as a prompt remedy, applied locally.

3. A strong aqueous solution of boric acid, applied freely, is a very effcient remedy.

4. In the beginning, aqua ammonia is the most prompt and efficient of all applications. Should be applied if the surface has been broken by scratching. Soltion of chloride or carbonate of ammonium is nearly as good.—*Central States Medical Monitor.*

Painless Application of Corrosive Sublimate.

L. F. Applecan (Amer. Med.) states that when solutions of bichloride of mercury are made with normal salt solution instead of water, they do not cause the slightest pain when applied to the mucous membranes.—Denver Med. Times.

For sweating feet a combination of boric acid, stearate of zinc and salicylic acid may be used.—*Central States Medical Monitor.*

Try powdered alum for the removal of gas from the bowel in enemas, thrown high up in the bowels.

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Sutherland sums up the changes in fat people with whom bronchitis develops, as follows: 1. Vascular obstruction from increased peripheral resistance in fatty tissues. 2. Cardiac weakness from deposit of fat about the heart. 3. Pulmonary obstruction from excess of carbonic acid in the blood.

To procure a cure the first and most essential procedure is to remove the excess of adipose tissue. In a short time the chronic wheeze will disappear, also the shortness of breath and the ability to walk up hill comfortably will beincreased. For the remainder the patient's life his meals must be moderate in amount, the carbohydrate element being notably small.

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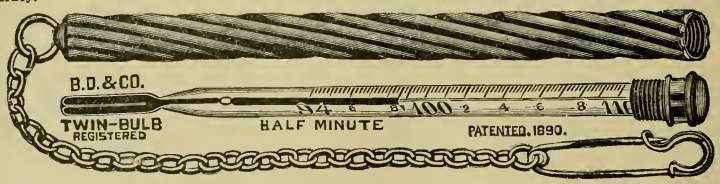

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Heard him swear "it tasted good,"
Heard his say, "this will not hurt you"
(Then you'd vacate if you could);
Heard him swear he had no patience
With a man who couldn't take
Any sort of pill or nostrum
For his pain or for his ache.
Heard him tell you not to grumble—
"Grumbling does no good," says he,
As he rolls a nasty powder
In a paper on his knee.
Then you ought to see the doctor
When he's laid up for repair,
Ought to hear the old boy growling;
Ought to hear the doctor swear,
And you ought to see the nurses
When the time comes for his dope;
If you had their job before you,
You would bid farewell to hope.
Envoy: You may be amazing clever,
Up to almost every trick,
But you're faded when it comes to
Dosing doctors when they're sick.

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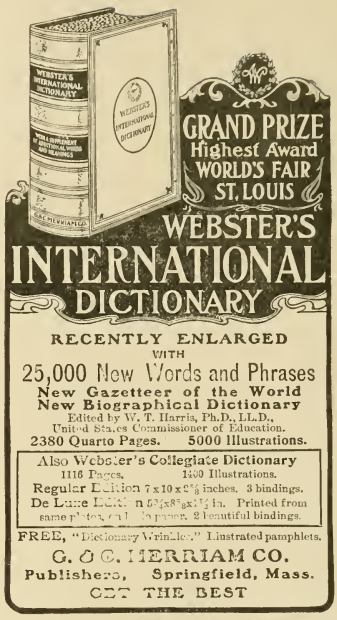

(Annals of Surgery.)

The leading article in the September number of the Annals of Surgery is an exhaustive article on the Serum Therapy of Tetanus. An equally interesting article is the Treatment of Tetanus by Magnesium Sulphate. Abstracts of these articles will be found in this number of this JOURNAL. In addition to these articles there are six others original articles on timely subjects besides the transactions of the New York, Philadelphia and Chicago Surgical Societies.

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ORIGINAL COMMUNICATIONS.

Lobar Pneumonia.

(By James J Philips, A. B , M. D , Tarboro, North Carolina)

Whereas, statistics everywhere show that more persons are attacked with pneumonia from December to May than in the summer and autumn sufficient emphasis is not laid upon the causation influence of sudden variations in temperature and atmospheric conditions in the development of this most formidable disease. We are authoritively informed that more cases occur in *colder* than in *warmer* weather; on the other hand, and with quite the degree of emphasis, that the disease prevails about equally in cold and in hot climates. Thus in Arabia, India and Italy, where the temperature average is high alike as in Iceland pneumonia is an extremely common disease. The inference is therefore plain that whereas continuous cold and continuous heat bear an equal relation to the disease, *sudden changes*, in any climate whatsoever, variations in temperature, atmospheric and terrestial conditions are the important considerations in the climatic factors which predispose to the disease. This statement though made from belief is not made at random supported abundantly as it is by long lists of statistics one series of which alone I give you, that of Seitz, of Maurice, Bavaria, who records 5,-005 cases of pneumonia with the following percentages: Winter, 32 per cent.; Spring, 38.8 per cent.; Summer, 15.3 per cent.; Autumn, 15.7 per cent.

Drawing upon unrecorded observations, for I have never seen the fact in print, it is well known that pneu-

Read before the Tri-County Society of Hertford, Bertie and Northampton in Session at Aulander, N. C., May 17. 1906.

monias upon sea-going vessels develop after the vessel is one or two days out, or twenty-four to forty-eight hours before she lands. In causative relation here is the abrupt change from land to sea-breeze or vice versa. In fact, the journey is not a long one in the practice of medicine itself before the observation is forced upon one that the sudden cool snap, it matters little what the season of the year, will send the children to bed with bronchitis and train of symptoms suggestive if not indicative of pneumonia. A not unimportant consideration, therefore, are these sudden variations in temperature and atmospheric conditions and when your honored secretary requested that I appear before you with a paper and ideas, it occurred to me that this change of season, bearing down upon us as it does, would of necessity develop in your practice a series of conditions in combatting which I trust those of my hearers, unbiased, will give heed to a bit of experience that has stood me in good stead.

That I may lead along your attention to the particular line of treatment I have in mind, it will not prove uninteresting nor unprofitable to develop the view point of lobar pneumonia of late years. Let us take a hypothetical case—a man, Netas H, who, exposed to a sudden chilling has an onset of acute illness with chill and vomiting—Temp. 105, pulse 120, respiration 52, a stitch in right side, cough. Such a history of sudden onset, of cough and chest pain associated with the disturbance of the pulse, respiration ratio directs an investigation of the chest—the Skoda resonance is made out, euperceded bu dulness. Herpes labialis appears as does likewise rusty sputum and in due season flatness on percussion and bronchial breathing over entire right lobe behind. Defervesence on the 7th day. Diagnosis, lobar pneumonia, no complications, non contagious. Before the year 1880 such a diagnosis would have been made upon clinical observations alone and there would not have been one out of one hundred physicians but who would regard the disease as a primary affection of the lung. Cause unknown. In the year 1880 Sternberg found the diplococcus of pneumonia in his own sputum; in 1881, Pasteur, working along independent lines, in the saliva of a child dying of rabies though it was the investigations and researches of Tolomon in France, Fraeukel and Weich selboum in Germany in the succeeding years that established the causative relation of the diplococcus to the disease. This advance have no relation to treatment, though it did to the conception of the disease and its possibilities. Light was thereby thrown upon epidemics and endemics of pneumonia recorded to that date; from time to time appeared reports of house endemics, locality epidemics and the difficulties were explained away of just such a situation as Schroeder records who speaks of one house in Kiel which yielded twenty-five cases of pneumonia in seven years. The medical mind at this stage became satisfied as to the facts that the disease was of a contagious nature and dependent upon a specific organism and while prepared to strike out such qualifying clauses as "non-contagious," "cause unknown." Turning to Osler's Practice of medicine, 1892, for the popular conception of the disease at that date, we find this statement, "Pneumonia, an infectious disease characterized by inflammation of the lungs and constitutional disturbances of varying

intensity, ———," an organism, the diplococcus pneumoniae, is invariably found in the diseased lung," while further on in this most excellent article we are told how to observe that pericarditis, endocarditis, pleuritis, otitis media, peritonitis, arthritis and meningitis are complications of the primary lesion though with slight attempt to establish the connecting link between them. The disease was still regarded from the clinical point of view with such side lights as the laboratory had been able to furnish. During succeeding years, however, the science of Bacteriology was making great strides and still further influencing our conception of the disease. Physiological secretions and excretions were being investigated and the pneumococcus found fairly consistently in the saliva of healthy human beings; pathological exudates and tissues searchingly scrutinized with the result that the otitis media, the peritonitis, etc., so long passing under the heading of complications, came to be regarded the rather as different expressions of pneumococcic activity in as much as the pneumococcus in pure culture or otherwise was so uniformly associated with each lesion. This, you will observe, was a distinct advance, and with it was associated two important observations, both of which are well recognized today, namely (a) that the pneumococcus can and does excite various kinds of exudates ranging from the pneumonic exudate of the lung to pure pus of the otitis media, (b) that the germ is capable of inducing inflammation in various regions of the body and necessarily of different kinds of tissues. It was an easy matter, therefore, to explain the association between pneumonia and otitis media for the diplococcus could be recovered from both lesions though the exudates widely differed in character and the view point was rapidly shifting from a clinical to a pathological basis.

The next step was a very natural one consisting as it did in the examination of the blood which alone could be responsible for the transmission of such a widespread body infection. The pneumococcus began to be recovered from the blood about the year 1894 and in consequence of such findings the latter day conception of lobar pneumonia as against the older view is somewhat on this wise—an acute infectious *systemic* disease caused by the diplococcus pneumoniae an organism, found in 15 to 30 per cent. in the saliva of healthy human beings, effecting entrance into the system from the mouth, nose and upper air passages by means of the lymphatics and the nutritive blood supply of the lungs (branches of the bronchial arteries) usually inducing inflammation of the lungs though capable of passing these organs by and producing inflammatory reaction in practically any part of the body and given their seat of election become responsible for inflammatory exudates of varied character.

Bearing in mind the above considerations, we are fully prepared to understand the following remarkable condition which has passed into literature as the Townsend case. There was a girl, age 6 years, taken suddenly ill with abdominal pain and vomiting. Temp. 104° F., chest negetive, no exudate in the throat. Twenty-four hours from onset of smyptoms, a convulsion occurs and six hours later death. Post mortem examination reveals a general infection with the pneumoccus which

was recovered from the blood, the lungs, spleen and kidneys.

It is self-evident that such a condition caused by the pneumococcus is at wide variance with a frank lobar pneumonia likewise caused by the pneumococcus and with comparable cases on record much discussion has arisen as to whether, after all is said and done, pneumonia itself is not a general systemic infection with a local manifestation. I shall not enter further into the pros and cons of this phase of the matter for such would lead me too far apart but the rather pass directly, though somewhat abruptly to the consideration of the carbonate of creosote, commercially known as creosotal, in the treatment of Lobor pneumonia

The introduction of the drug itself and its application to pneumonia both are of moderately recent date. Creosote has long been used and is to-day probably the best medical agent we possess in the treatment of certain pulmonary affections, notably tuberculosis, chronic bronchitis and localized areas of persistent dulness and rales but being caustic it can be given only in small doses. The tolerance of the stomach and gastro-euteric tract is soon reached. In the search of a form of creosote less irritating, less toxic, the carbonate of creosote was evolved. This was at first purely a laboratory product, manufactured for local consumption while for general clinical purposes difficult to procure. In fact, it was only after much persuasion that a sufficient quantity could be secured from Von Heyden's laboratory in Berlin to conduct in Paris a series of experiments in tuberculosis in the year 1894. These experiments demonstrated first, that the drug was admirably well borne; second, that creosote could, in such form, be administered in quantities formerly believed to be icpossible. Both observations were important advances. With such a favorable introduction came its trial not alone in chronic but in acute affections of the lungs as well where its favorable action became more manifest and in a still more striking manner. Shortly became known the observations of two French physicians, Cassouti and Corgier, in Marseilles, France, who claimed by its use that pneumonia in all its complicated forms was robbed of its dangers. The submitted evidence of these two physicians was certainly strong and has directed in subsequent years a rather extensive trial of the drug.

Its application to pneumonia rests upon the following basis: in the presence of the disease, we supply the system with sufficient quantity of an antiseptic to overcome the invasion. The antiseptic selected is creosote and the proper degree of saturation of the system is made possible by the present commercial form of the drug. While anticipating exceptions to this line of treatment, we must not lose sight of the fact that we have an analogue in the treatment of malaria with quinine while the rationale lies in the recent conception of the disease. If we have a general systemic infection to deal with and the pneumococcus circulating in the system at large, then we meet the indications by saturating the blood with creosote. If, on the other hand, the focal point of view be the correst one and the lungs be primarily affected; if the specific germ exerts a local influence and manufacturers in the lungs the toxius responsible for the rational

signs of the disease, then we turn to the channel of excretion of the druag which we find is in a large measure these organs. The patient's breath is evidence enough of the fact. It is readily appreciated then, that the drug may meet with the pneumococcus either in the blood or in the lung; in either instance it undoubtedly affects its life conditions unfavorably.

As to the best form of its administration, creosotol being an oily riscid fluid readily emulsified with acacia and can be ordered as follows:

℞ 25% Emulsion Creosotol ʒ ii
Aq. Menth. Pip. ad ʒii

In so doing, reckoning six teaspoonfuls to the ounce, we are giving *mx* to to each teaspoonful and the formula readily lends itself to the following scheme of daily quantities necessary to effect results and to which I have added closely:

Up to 1 year, 5-15 *m* daily in 4 doses.
2 to 4 years, 15-45 *m* daily in 4 doses.
4 to 6 years, 45-60 *m* daily in 4 doses.
6 to 10 " 60-75 *m* daily in 4 doses.
Adults *mxv* q. 3h.

These doses may be safely increased —though we must carefully watch the urine for Corboluria.

When the temperature is normal reduce the daily quantity one-half. Keep the febrile curve carefully and at once resort to the original dose should the temperature rise. For these amounts, in but one instance, I have found the tolerance of the gastro enteris tract complete. The clinical data which I desire to submit bears upon the following:

1. The effect of the drug upon the temperature of pneumonia.

2. The effect of the drug upon the lung.

3. The effect of the drug upon the gastro euteric tract.

4. The effect of the drug upon the general condition of the patient.

Upon Temperature.

(*a*) If the disease be seen early, we may expect in a large percentage of cases a fall of temperature in 24-48 hours from the time the drug is begun. It is true that crisis occur under classical treatment and even when no treatment is instituted but when it does, it occurs not earlier than the 5th day when bronchial breathing has been present from 2-3 days.

(*b*) This observation is supplemented by a second one, to-wit, if the drug be too early withdrawn *i. e.* before the auscultory signs disappear, there follows a rise in temperature.

(*c*) Again, if the creosotol be continued sufficiently long after the drop in temperature has occurred, then the apyrexia is complete.

By way of illustration of these points the following case will be followed with interest: a girl, aetas 3 years, who 12 hours previous to visit has pain in the side and vomiting. Auscultation reveals well localized signs. Coughing. Temp. 103^4F. Creosotol *m*30 in 24 hours in 4 doses. First dose is at 9 a. m., with temp. 103^4; 8 p. m., temp. 101^3 F. Next a. m., temp. 100^4 F.; p. m., 99^2 F. *i. e.* apyrexia in 48 hours after onset, in 36 hours after administration of the drug. Cough and general condition improved as did auscultory signs. During the next few days the drug was continued and the temperature did not rise above 98^3 F. Being alarmed by the dark color of the urine, the parents discontinued the drug. On the morning thereafter a chill occurs with pain in the side and the evening

temperature is 103¹ F. Fifteen minims creosotol in two doses in 24 hours were ordered but the temperature never fell beneath 101¹ F. Consequently in the succeeding 24 hours, twenty two minims were ordered and on the following day the morning temp. is 99² F.; p. m., 99¹ F., and rales were diminished. The parents now took upon themselves to give only one-half the quantity ordered. On the next day, the temperature is 102² F., with chills. The original dose of 30 minims in 24 hours was resumed and on the p. m., of the same day the temperature is 98³ F., and did not rise again in the subsequent five days of creosotol treatment. The following points are well brought out in this instance.

1. Fall in temperature is early in 36 hours in this case.

2. Normal temperature for a few days while the drug was used.

3. Rise of temperature upon too early withdrawal or reduction in amount given.

(*d*) Now, the fourth point wherein conditions vary from the normal in regard to temperature under the use of the drug is this: whereas normally defervescence by lysis occurs only in a small percentage of cases, under creosotol this percentage is considerably greater. This is a favorable circumstance for patients are thereby saved from the exhaustive sweats and shock attendant upon the crisis.

The history of the following case is detailed by way of illustration of this point. A child, 3 years old, was seen on the afternoon of the 6th day of her illness. There was much cyanosis, coughing and extreme abdominal distention. Temperature 103 F., R. 98, P. 164. Consolidation, complete, at left apex. Fine moist rales in the lower lobe of the left side. Creosotol, *mxx* in 4 doses in 24 hours. On the morning of the 7th day child is brighter, condition improved. Has slept better than during any night of illness. Temp. 103 F. R. 70, P. 140. Though pulse and respiration were better the temperature remained unchanged and no alteration was noted in the physical signs. Consequently, creosotol was increased to *mxxxvi* in 24 hours and kept at this point during subsequent treatment. P. M., temp. 102², R. 54, P. 134.

8th day. General condition good. Coughing. A few rales are heard over solidified area. Rales of lower lobe have disappeared.

9th day. Broncho-vesicular breathing has replaced the bronchial breathing. Coarse rales in large numbers. Child is distinctly easier. The abdominal distention is less and two days to be *i. e.* the 11th of illness, no rales were to be heard. Breathing in only harsh. Moderate amount of dulness. Only an occasional cough. Child brighter and more comfortable. Treatment is continued 4 days longer and the subsequent history is without note.

My interpretation of the effect of the drug upon temperature is this: that by impregnation of the system with creosotol and by the local action of the drug as excreted by the lungs, the life conditions of the pathogenic bacteria are affected unfavorably, there is less activity, less amount of toxins produced and consequently less fever.

The question naturally arises is, is it possible, if the drug be given early enough, to abort pneumonia? and proves a difficult one to answer for if creosotol be administered before the appearance of bronchial breathing, the

objection can readily be raised that there was no pneumonia present at all.

The following case, however, is cited as offering a suggestion if not a proof of this point.

A child, 2 years old, was seen on a Friday afternoon. The illness had been of 12 days duration and of sudden onset. There was coughing, temp. 103° F,. R. 68, P. 158. Dulness and a few moist rales were made out over the right lower lobe behind.

Creosotol *miii* q. 3 h. was ordered and given with regularity. The next morning temperature is 101 F., Resp. 48, Pulse 140.

P. M. temp. 100, Resp. 42, Pulse 136. Child brighter and craved food; *mxx* had been taken. The parents were much gratified to think the child well. I questioned my original diagnosis for at the time of my second examination, 36 hours of illness, 24 of medication, though dulness was present, no rales were to be heard. By unavoidable circumstances, the treatment was interrupted during Sunday and not resumed until Monday afternoon though on Sunday night the child had had a chill followed with high fever and was very ill on Monday morning. At my visit, Temp. was 105 F., Resp. 72, Pulse 170. Consolidation with bronchial breathing over the affected area was made out. Creosotal *mii* q. 2 h. was ordered and *mxxiv* were given in the subsequent 24 hours *i. e.* up to the p. m. of Tuesday. Tuesday a. m., Temp. 103 F., Resp. 60, Pulse 140. P. M., Temp. 101 F., Resp. 52, Pulse 132 and though physical examination showed still bronchial breathing and voise, the child looked decidedly brighter and took food better. Medication continued as ordered and *mxxiv* were again given up to Wednesday p. m. Wednesday a. m., Temp. 99⁴ F., Resp. 46, Pulse 120. At this point, coarse rales could be detected over the affected area and from this time on there was a gradual disappearance of the physical signs, the temperature remained normal and after continuation of the drug for the subsequent three days, recovery was uninterrupted and complete. The question that here arises is this: had the creosotal been continued regularly through Sunday and Monday, would the temperature have fallen to normal and remained so; would the disease have been aborted? You will observe that on the second day of administration of the drug, I was in the position to prove one of its great claims and I regret exceedingly that the drug was not given. The evidence, however, is presumptive if not conclusive and from the subsequent history of the case, I am disposed to believe that it would have proved a favorable one for a prompt and decisive action of the drug at the very beginning of an attack of pneumonia.

Effect Upon the Lung.

In one of my cases, above reported, on the 6th day of the disease the physical signs were as follows: Left upper lobe absolute consolidation with dulness, bronchial voice and breathing and increased fremitus while in the lower lobe of the same side fine moist rales (crockles). In the one instance, then, we have to deal with a lobe solid with exudate; in the other, the aloeoli containing only a small amount. The relative ability of the drug to penetrate the two areas affected is self-evident. Now, what was the experience? On the 7th day, and in the first 24 hours, no effect. This time was doubtless

necessary to get the system under the influence of the drug. In 48 hours, though, the rales at the base of the lung cleared up entirely and coarse rales (redux rales) made their appearance over the solidified area. It is true that this occurred on the 8th day when we might naturally expect beginning resolution, yet the very speedy and satisfactory result obtained in the part of the affected lung less advanced in the disease I regard in the linght of a control experiment arguing in favor of the drug for under natural conditions the rales of the lower lobe would have persisted until the upper lobe was farther advanced in resolution. On the 9th day, we find broncho-vesicular replacing the bronchial breathing, coarse rales in more abundance and on the 11th day the breathing has lost its bronchial character, the rales have disappeared and a moderate amount of dulness is the only trace left of the physical signs. Referring again to the last case above cited examination was early enough made to find present only two physical signs, viz: dulness and moist rales. Administration of the drug causes the disappearance of the rales and coincident with this is the fall in temperature. I verified this by my own observation. At this point for 48 hours the drug is discontinued and at the expiration of this time the fever is 105 F., the physical signs those of consolidation. There appear something more than a coincidence in this experience. With resumption of the drug, I noticed a retrogression in the disease as shown by the fall in temperature and the disappearance of the physical signs. So here again, we may regard the first fall ni temperature and the disappearance of the rales in the light of a control experiment.

In other pulmonary affections, I have observed beneficial effects under the use of the drug. In catarrhal bronchitis, I have seen in two to three days rales disappear, cough and expectoration diminish. In a case of persistent dulness and rales subsequent to an attack of broncho-pneumonia, I was enabled by means of the drug to clear bte lung after other measures had failed me.

From these observations, I am persuaded that the drug has a powerful local influence upon pulmonary lesions. Applied to pneumonia, my experience has demonstrated to me beneficial results in order of the stages of the disease. Best early in the first stage. In the early stage of consolidation, the results are satisfactory—negative late in the disease *i. e.* in the stage of gray nepatization.

Upon the Gastro-Euteric Tract.

In the antiseptic action of the drug and its power to control fermentation and discomposition in the bowel, I feel that the experience of all of us will accord. It has an admirable application in the instance of children who invariably swallow their expectoration. I have noticed marked benefit in two instances, in the one of which the abdominal distention was extreme on the 6th day of illness: the other, in which the accumulation of gas was gaining great headway on the 4th day. One enema was administered in each instance, but the one for under the use of the drug the condition came under control and remained so.

In addition it is a source of great comfort to feel that the sputum and excreta are voided disinfected and that

thereby the contagion is reduced to a minimum.

Upon the General Condition.

Under the influence of creosotal the patients general condition most certainly improves and rapidly so with the fall in temperature. The tongue becomes clean the appetite is regained and the condition materially changes for the better. I have noticed with satisfaction the return of sleep of which the patients had been deprived prior to the time the treatment was instituted.

The Value of Character in the Medical Life.

(By A. W. Knox, M. D., Professor of Surgery.)

Gentlemen of the Medical Class:

I have been asked by the Dean of the Faculty to say a few words of greeting to you on this opening day of our college year. I have no gift of speech-making—no training nor experience in it; yet, despite my limitations in this regard, I cannot refrain from complying with his request.

It gives me great pleasure, young gentlemen, to meet again those of you who were with us last year and to see among you, also, the faces of some whom we meet now for the first time, but with whom we confidently hope to establish the same cordial and friendly relations which have marked our intercourse with the members of classes. I would that I might say some simple and kindly word to-day, that will linger in your minds awhile and be helpful to you. With no desire for oratorical display—and no capacity for it—I yet would like to aid you, in some small way, to smooth out a few rough places in the road which lies before you.

Dr. Osler has well said: "The hardest conviction to get into the mind of the beginner is, that the education upon which he is engaged is not a *college* course, not a *medical* course, but a *life* course—for which the work of a few short years under teachers is but a preparation." There is a profound philosophy condensed into this short statement; its truth is self-evident; the experience of every thoughtful teacher confirms it. I beseech you to adopt it as part of your own philosophy, store it away in your memory, reflect on its wisdom daily, and let it guide you in the zealous and faithful performance of all your duties from the opening to the closing day of this session and of every session of your college year or your professional life. So shall it become to be a daily inspiration to you—a source of strength and power and of persistent perseverance in your noble striving to attain the great heights of your profession.

In my experience and observation, a great mistake which an occasional student makes—especially in the earlier years of his course—is the failure to realize the transcendent importance of a thorough preparation for each and every lecture or recitation in its appointed time—a disposition to procrastinate, to think that he can make up the loss later on—perhaps, the next day or week, or even in his final year, perchance. Such a course will prove disastrous to him who follows it. Apart from the retardation of his progress, it begets a loss of enthusiasm in his work; then his interest wanes, his energy flags and fails, he loses heart and grows discouraged; and

An Address Delivered at the Opening of the Fifth Session of the University of North Carolina Medical Department at Raleigh.

when he comes to face the supreme test of his final examination before the Faculty and, later on, appears before the State Examining Board, his mind is a prey to dire forebodings of failure and humiliation. Nay, his very failure may be largely due to this distracted state of mind, which dissipates thought and robs him of all power of concentration.

But let us not dwell on this painful aspect of student-life further than to draw from it a useful lesson. There is a more cheering picture which I would set before you: That student who shall profit by the reflection that his education is a life-course, will look beyond to-day and to-morrow; will ever hold in view the broad horizon of his life—stretching limitless and vast before his clearer vision; will put procrastination from him and silence its beguiling voice; he will set a great purpose before himself and concentrate all his energies on its pursuit; he will grow from day to day and be conscious of his progress. Pleasure will attend his striving, and the consciousness of duty well done and of always being beforehand with his work will bring him gladness and a joyful spirit. Discouragement will be a stranger to his thought; and he will meet the supreme test before both Faculty and Examining Board with quiet confidence and cheerfulness, and step forth to his opening career to win success and honors, with glowing heart and courage undaunted. Osler sums all this up in three pithy, pregnant sentences, as follows: "Men will not take time to get to the heart of the matter. After all, concentration is the price the modern student pays for success. Thoroughness is the most difficult habit to acquire, but it is a pearl of great price, worth all the worry and trouble of the search."

"Something is wrong with us, if we do not rejoice in our work; and the victory over that impediment is a triumph indeed."

It is worth your while, young gentlemen, to appropriate and absorb another piece of Osler's philosophy, and to see to it, that it abides with you always; for, if you cultivate it, it will be to you "like the shadow of a great rock in a weary land"—a seabreeze breathing over the desert—the lightness and the uplift of mountain air to the tired traveler from the lowlands—cooling springs to the heated harvester—ambrosia to the toil-worn. One single sentence will grave it on your memory. Here it is: "Hilarity and good humor, a breezy cheerfulness, a nature sloping toward the southern side, helps enormously both in the study and the practice of medicine." One cannot improve that philosophy by comment; it sticks in the memory best, if you leave it standing alone.

And still another of Osler's aphorisms is worthy of your serious contemplation, and of ours, also, who assume the role of your instructors. It is this: "The successful teacher is no longer on a height pumping knowledge into passive receptacles—he is a senior student, anxious to help his juniors." Your aim and ambition, as junior students, young gentlemen, should be a disinterested search after truth. Our object, as your senior fellow-students, must be, to assist you, with earnest zeal, to the full attainment of your goal.

"To arrive at the point which I have now indicated, you require daily atten-

tion, great love of truth and much disinterestedness; and these are difficult requirements. Affection for a teacher—regard for his greater experience—may lead you to too readily believe his assertions. I shall do my utmost to instruct you in what I believe to be the truth; but I may sometimes be in error in my apprehension of it, my interpretation of its full significance may be at fault, or fall short of its most comprehensive statement. Some of you, perchance, through a feeling of deference (for which I am grateful) may swear by the teacher's word; but I adjure you to seek yet other sources of instruction. I cannot do this as easily as you can. It is only by reading that I can become enlightened as to my faults, and correct my erroneous opinions. In addition to reading, you have, to guide you, the observation of the practice of the other hospital physicians, carried on inwards which are freely open to you, and by men whose advice is affectionately tendered. I shall be grateful to you, when you bring to my notice observations which enable me to correct a mistake. The public think it strange to hear a physician speak of the *fascination* which accompanies the study of our art. Literature, painting and music do not yield an enjoyment more keen than that which is afforded by the study of medicine; and whoever does not find in it from the commencement of his career, an almost irresistible attraction, ought to renounce the intention of following our profession." (Trousseau).

But you must not imagine that your pathway lies only among flowers: it is beset with *thorns also*; and, unless you be of so coarse a mould as to lose all sensibility to the finer feelings of the normal man, you will have an experience now and then, which will well-nigh uproot your faith in medicine and wrench your heart-strings almost to their breaking point. It *will* befall at some time, most assuredly, that you must step into the breach where Death threatens one who is bound to you by the closest tie of friendship, or of blood. You will exert to your utmost every power of body, mind and soul; you will wage your battle bravely, amidst alternate hopes and fears, while the issue of life or death hangs in the balance, uncertain and delayed. At length, a crisis comes and you feel a thrill of unspeakable joy when the slowly-ebbing tide stands still for a while and seems to hold out a hope that you may rescue that threatened life. But suddenly all is changed; the ebb sets out to sea once more: hope faints and courage fails, because their props are gone; joy wanes and settles into despair; the life of your friend goes out and the sweet spirit passes to the great Beyond just when the hope of returning health seemed justified. Out of the deeps your heart struggles slowly back and you take up again your accustomed daily routine. But the *de profundis* has taken on, for you, a *deeper* tone, and you realize that you had not fully fathomed its meaning until now. Such experiences will try you to the uttermost when they come to you—as they surely will. I have had them, and I know whereof I speak. They have made me almost despair; and at such times I have felt that I must give up the practice of medicine and flee from its heart-breaking responsibilities. Yet you must stand erect and falter not, but bear your burden quietly, nor let

your spirit quail before these trying ordeals. You must fight on and follow the path of duty with patient courage and serenity.

But now and then, your skilful and devoted efforts will rescue another life which has been in deadly peril; and in that experience you will find comfort and some partial compensation for that other and bitter one.

There is a word I would fain say to you, young gentlemen, on a subject which is bound up with your life-work as physicians, and will have a lasting influence on it, either for weal or woe. It is this:

Set your minds and hearts—on the threshold of your career—to the cultivation of a high and manly character. Practice the building of it daily, as the athlete trains his muscles. It is just as capable of development and growth as the gymnast's muscles are—if only you desire it and give the same careful effort to its training. Stand four-square for the right and for truth against every adverse influence, so that men may feel and trust your uprightness. So shall you have the approval of your consciences, and stimulate the same aspiration in those about you.

Every one who has watched the rising and falling of the bow of a long ocean steamer, as it mounts and descends from a high wave, must have observed the splendid triumphs which a modern ocean liner wins, where the older steamer failed. Again and again the approaching wave seems about to dash over the bow and sweep across the decks. But just at the critical point, the great vessel rises gracefully over the threatening crest, which slinks rapidly astern and loses its grandeur in the rolling mass marked by the foamy churning of the tireless propellers.

This noble victory is typical of equally splendid triumphs of the soul. In the illustration, the steamer which cuts under the swelling wave shall stand for our experiences on the lower plane of life, while the ship which rises over shall typify the mastery of which the higher self is capable.

"Society conspires to keep each of its members in subjection, by insisting that a man cannot change his habits after a certain age."

No dogma is more false than this. Never in our history are we swept under, when it is impossible, in due course, to rise above the wave! The only hindrance is ignorance of the alternative. Once let a man *know* that he is potentially an ocean liner, and you shall witness a marvelous change.

Our great fault is, that we do not try! A false philosophy has taken the life out of us.* * * * A man is truly a potential man in so far as he rises above what would have made him an animal, and worse, a brute!

It is wonderful what one can ride over, when the mind is alert and keen. The prime fault is with ourselves.* * A man may meet any possible situation with such strength that the world will find instant need of him.

What is it that causes society to advance? It is the resistless movement of those who refuse to endure existing conditions. It is the activity of those who know no such word as fail.

Again and again we live on from week to week under a grievous burden, praying for some one to remove it from our back, when we are able, at any moment, to stand erect and let it fall. The trouble with us is, that we

do not use our powers. * * * * Nine tenths of our woes and fits of depression stay with us because we duck under them, instead of rising above them.

The man of character achieves success by mastering the impossible, or what at first appeared so.

Some one has said that obsacles are possibilities seen from the adverse side. The "unknowable" is a man's own shadow, cast while he stands with his back to the sun.

The same conditions which seem overwhelming when viewed negatively, may, at close range, become aids to success, when we awake from our lethargy.

Emerson said, that "man is a god in ruins." But man is more truly *a god with his eyes upon the earth* and afraid to lift them aloft to the sun.

Every moment while we sail life's sea, a wave is approaching us. Wise is he who is preparing for the nearest wave.

If you are a man of high character, your presence, your life, will speak above words. You will not need to proclaim your principles.

Another thought: Cultivate, I beseech you, the habit of kindliness towards those about you! Times will come to each of you, when perhaps a mere difference of opinion expressed in an argument begun in good temper —nay, even in fun—may lead on to misunderstanding, estrangement and enmity. If such a mishap should ever transpire in your experience, I beseech you to stop and think; reflect; be brave and true to your better self! Let no unnecessary bitterness come between you and your fellows—least of all, your professional brethren! It is manly and magnanimous, to forgive; to confess a fault and strive to make amends is true bravery—it shows a higher moral courage than does the resentment of an injury.

Finally, gentlemen—in the language of the great Trousseau—"do you suppose that the great men of our profession could, by the powerful gifts which nature bestowed on them, have become princes of their art, unless they had cultivated their natural powers at an early stage of their career, unless they had in early life, greedily devoured the treasures of science which were spread around them as they are spread out around you? unless, though wearied by, they had never been satisfied with labor and had believed that they had no right to reserve for their own use the riches which they had acquired, the discoveries by which they made themselves illustrious? * * * * * * *

May this, gentlemen, be your noble heritage! But, to secure it, toilsome exertions are required. Whilst you are young, and while you make your first essay in arms, let your fields be the hospitals and the clinics; when your knowledge has increased, let the hospitals and clinics still be your fields; and let the hospital and clinics continue to be your fields of industry after you have acquired all the scientific knowledge which we expect from you at the probationary examinations. By pursuing this plan, you will attain expertness in the practice of your art, knowing what science teaches, and having the power within yourselves of originality, then, also, will you begin that priesthood which will honor you and to which you will do honor; then, too, will commence the life of sacrifice, in which your days and nights will be the patrimony of your patients. You must

resign yourself to sow in devotion that which you must often reap in ingratitude; you must renounce the sweet pleasures of the family, and that repose so grateful after the fatigue of laborious occupations; you must know how to confront loathesomeness, mortifications of spirit and dangers; you must not retreat before the menaces of death, for death achieved amid the perils of your profession will cause your names to be pronounced with respect.

"Sound thou, to all thy powers, a trumpet call,
And, staff in hand, strive up the mountain pass!"

Two Cases Illustrating the Value of the Ophthalmoscope as an Aid in the Diagnosis of the Cause of Brain Lesions.

(By John Dunn, M. A., M. D., Richmond, Virginia)

(Professor of Diseases of the Ear, Throat and Nose, and Associate Professor of Diseases of the Eye, University College of Medicine.)

Some months ago, a lady came to my office to have her glasses changed. As she entered the room, I was struck with the pallor. Deeming its cause as beyond the object of her visit to me, I turned to the examination of her eyes, and for the moment, the lady's lack of healthy color passed from my mind. As a matter of routine, I looked into the background of her eyes and found there two choroidal patches strongly suggestive of syphilis as their cause. I know not whether she read my thoughts, but after I laid down the ophthalmoscope, she said "Doctor, I have two chronic sores in my mouth, one on either side, and nothing I put on them will heal them." On another occasion, a gentleman consulted me to find why his glasses were no longer satisfactory. They had been entirely satisfactory until a few weeks before. He could give no reason why his reading vision was less perfect with these glasses than formerly. So far as he knew his health was not impaired. A single glance at his fundus showed that much to be feared picture, extensive albuminuric retinitis. Another time, there happened to come to my office with a friend, a lady who had formerly been a patient of mine. While talking to her, she mentioned that within the past six months she had had several epileptic fits; that their cause was unknown to her physician and that no medicine could dispel the awful depression which followed these attacks. I asked to be permitted to look into her eyes. Double choked disc; and the reason no medicine could relieve her was clear.

Short chapters similar to the three just read are common in the ophthalmologist's year book—so common, that he himself at times forgets the importance of the ocular fundus as a diagnostic vantage point. The writings on the fundus in disease, if collected, would fill many volumes. They represent, however, special pleadings in a special court, and, for the most part, fail to attract the attention of the general practitioner, who, not always, for there are exceptions, but, as a rule, do not turn to the background of the eye as a possible source of information unless the patient has some marked symptom of ocular disturbance. That the value of an examination of the fundus of the eyes is not properly appreciated

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is clearly shown by the fact that life insurance companies so rarely avail themselves of it in writing their so-called risks. If they knew its value, no large policy would be written for a man over forty-five without first having a detailed report of the fundus from a competent ophthalmologist. This line of thought, however, is carrying me away from the slight paper I am offering the Academy this evening. I merely wish to report two cases illustrating the value of the ophthalmoscope as an aid in diagnosis of brain lesions, and if—to my friends, the general surgeon and the general practitioner—their detail savors strongly of the academic, they will please bear with me patiently remembering my song is not of drugs and the knife.

A Case of Isolated Supra-nuclear Paralysis of the Seventh Nerve. Mrs. C., aged 44, complained that for the past month her left eye had been watering in an annoying manner. Her physician advised her to have her glasses changed in hopes of obtaining relief. The only noticeable abnormality at first glance, was that the inner end of the lower lid of the left eye did not hug the eyeball closely, and that in the gap thus formed, the conjunctival secretions accumulated. Examination of the left orbicularis revealed a partial paralysis. Mrs. C. could close the left eye; but when told to forcibly shut it the skin over the upper lid did not wrinkle as on the right side. When told to smile or laugh, the orbicularis responded normally. The orbicularis oris was apparently normal; the patient being able to carry the corner of the mouth toward the left. When, however, she was told to whistle, the more delicate forced adjustments of the orbicularis of the left side could not be accomplished and whistling was an impossibility. When Mrs. C. smiled or laughed, the lip curves appeared normal. Without going further into the actions of the various muscles supplied by the left fascial, it may be said that the emotional movements of these muscles seemed little affected, and the paralysis became marked only when the *forced voluntary* movements and *adjustments* were demanded. We had thus to deal with an incomplete supranuclear paralysis of the seventh nerve, for in the paralysis of the infra-unclear variety, the emotional and voluntary movements are equally affected. This much being known, the next question was: What caused the paralysis? Examination of the urine gave no clue. The heart had no demonstrable organic lesion. The sphygmomanometer registered 145, a tension sufficiently high to suggest possible vascular changes, especially in the smaller vessels. The patient, whose health had been excellent, could give no cause for the fascial trouble—indeed, she had been unconscious of any disturbance other than the overflow of tears and, for a few hours, of a slight stiffness in the right side of the mouth. Examination of the fundus of the eye revealed changes due to arteriosclerosis, most markedly noticeable in the small vessels. Here, then, was the practically certain key to the proper understanding of the incomplete supranuclear paralysis. The paralysis was entirely well in a few weeks.

In the retina, which is but a unfolded leaf of the brain, we can see what are in reality cerebral blood vessels, i. e., the retinal arteries and veins, and from their appearance, we can fre-

quently know the condition of the intracranial vessels. More than this, we can see and watch the effect upon the cerebral tissue, *i. e.*, upon the retina, of the obliteration or rupture of minute vessels supplying cerebral tissue We can see the changed outlines of the sclerosed vessels; see the escaped blood in the retina; watch its gradual disappearance; watch the changes as the hemorrhages lessen and, finally, where the hemorrhages are large enough, or of certain characters, see the scars left where they destroy the nerve tissue.

Exactly similar changes take place in the hidden, intracranial tissue. Hence, we have the right to infer that in the case of Mrs. C. there had either ruptpred or become closed by the thickening of its entima, some small branch of the middle cerebral artery of the right side; and, too, we can understand both the slight character of the paralysis and its ultimate complete disappearance. I do not see how, without further data, a more exact location of the disturbance can be stated. The ophthalmoscope in this case, reveals the clue which leads us to such an understanding of the conditions, as without its use would be impossible.

Cases similar to the above are of common occurrence. Within a few days after I saw Mrs. C., Mrs. L. consulted me in regard to changing her glasses which she had worn only a few months and which had given her no relief. In this case, an incomplete paralysis of the right external rectus was easily demonstrable. The ophygmomanometer registered 185. The urine was negative. The ophthalmoscope, however, again showed the sclerotic changes in the retinal vessels, and again, gave the key to the proper appreciation of the cerebral condition.

A Case of Left-Sided Hemianopsia. Dr. B., aged 50, stated that some months prior to his visit to me, he had suddenly become aware that his vision was imperfect; that he had his eyes examined, but that beyond a slight conjunctival irritation, no trouble had been found; that he had changed his glasses several times, but they had given him no relief. Externally, the eyes were normal. Judged by a test card, his distant vision was found to be normal. With glasses appropriate for his age and slight error or refraction, he could read the smallest type. The muscular equilibrium by the visual tests was normal. And yet, he asserted that his vision was most imperfect.

Ophthalmoscopically, the lens, iris, vitreous, nerve head and adjacent iris and choroid showed no diseased condition. "Tell me," I said, "more about your loss of vision." "Well," said he, "for instance, I often, in driving along the road, run into some vehicle without seeing it." At once, the trouble was apparent. He had a defect in the field of vision. Examined with the perimeter, there was found to be a complete left sided hemianopsia, *i. e.*, the patient was blind for the entire left half of each field of vision.

The trouble had come on suddenly and painlessly. No heart or kidney lesion was demonstrable. The blood vessels of the fundus were normal in appearance. Dr. B. admitted that in his earlier life, heh ad visited the maidens of the Red Queen, but, so far as he knew, no one of them had left him a lasting memento. Some fifteen or more years ago, he had discovered a small painless sore on his penis. He

had visited a well-known venereal specialist in Baltimore, who had assured him it was merely herpes. He had paid no further attention to it, for it was soon gone and, to his knowledge, no evidence of syphilis had afterward appeared. Examination revealed no paralysis. There was no vertigo, no vomiting, no headache. The patellar reflexes were, however, markedly increased, so much so as to be a source of some uncertainty, at times, in his gait. A more careful examination of his fundus was then made, and in the outermost portion of the choroid of the right eye were found several patches of old choroiditis, making it practically certain that the patch of "herpes" was a chancre, and that occlusion of the right posterior cerebral artery, probably by syphilitic disease of the vessel's wall, was the cause of the hemianopsia; for the posterior cerebral supplies the optic ganglia (optic thalamus, corpora quadrigemina and geniculate bodies), and in the cortex, the visual region in the occipital lobe. That the main branch of the posterior artery was occluded, may be inferred from the increased reflexes, suggesting nutritional disturbances in the boundary areas of the posterior and middle cerebrals.

If you will glance at the visual charts, you will see that the hemianopsia is complete. This in itself, is a great assistance to us in locating the lesion; and when we add the facts that this complete hemianopsia is the only symptom and that it appeared suddenly and has remained unchanged, we are forced to place the lesion in the posterior cerebral artery.

So intimately connected with other symptom-giving nerve structures are the visual fibres between their point of entrance into the cerebrum and the primary optic ganglia, that complete hemianopsia from vascular disease of the middle cerebral vessels is impossible unless accompanied by other recognized symptoms.

Complete hemiamopsia from disease of the vessels supplying one optic tract is unknown. Hemianopsia of the exact kind found in the above case is never seen in disease of the chiasm. That the patient did not recognize the nature of his trouble is, in all probability, due to the fact that the hemianopsia was left sided. We read from right to left. In this case, Dr. B., read away from blind field toward the normal.

The Lingual Tonsil.

(By John P. Davidson, M. D., Richmond, Virginia.)

(Professor of Diseases of the Eye, Ear and Throat, Medical College of Virginia.)

The frequency of persistent hacking or spasmodic cough which the lingual tonsil produces and the casual manner of its treatment by the average text book prompt me to present this short paper. I feel confident that cough having its origin at the base of the tongue is frequently treated with sedative cough mixtures when local applications are clearly indicated.

The lingual tonsil, which is also spoken of as the fourth or buccal tonsil, is located between the circumvallate above and in front and the attachment and anterior surface of the epiglotis below. It consists of a number of lympboid conditions, but frequently pathologically enlarged.

Its location gives it an intimate association both in blood and lymp sup-

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plies with the tongue anteriorly and the epiglottis and larynx posteriorly as well as the fauces on either side. It can be readily seen also that it is subjected to almost constant movement, since its intimate connection with the tongue and larynx cause it to move with every act of phonation and deglutition.

While the lingual tonsil is histologically more or less similar to the faucial and pharyngeal tonsils, with the exception that it contains more connective tissue, it does not throughout the life of the individual manifest a similar clinical history. The faucial and pharyngeal tonsils are larger in infancy and childhood and become smaller and more fibrous in character later in life. The lingual tonsil may be simultaneously enlarged in childhood, but it is usually more hypertrophied and manifests more clinical symptoms in adult life, and such symptoms are observed more frequently in women than in men and still more frequently in women approaching or experiencing the menopause than at any other time, probably because reflex nervous symptoms are more often produced at this epoch by local irritation.

It seems to me that both local and constitutional conditions which affects the upper air passages are followed by hacking cough which has its origin at the base of the tongue more than from any other cause, and even after the primary cause has been removed the cough is persistent. We observe the condition during and after any inflammatory condition involving the upper air passages, as well as those which are affected with some one of the chronic constitutional dyscrasiae.

I think from force of habit we frequently examine the nose and post-nasal space and look into the larynx for the origin of the cough, and overlook the region of the lingual tonsil when the real cause is to be found there. And that we oftentimes prescribe unconsciously the sedative mouth lozenges, etc., which are allowed to melt in the mouth, and practically reach no other area than the base of the tongue, and, perhaps, the pillars of the fauces. Surely the post-nasal space is not reached by these medicinal agents, nor is the larynx or trachea, since the act of swallowing closes down the **epiglottis.** There may be, however, a remote action of the drug upon the bronchial mucous membrane when it is being eliminated.

Physical examination of the throat reveals but slight or no inflammatory symptoms except the enlarged lympoid follicles anterior to the epiglottis. The superior border of the epiglottis is frequently inflamed and found immediately in contact with the enlarged follicles which easily explains the cause of the reflex cough.

I am quite sure that every one present has had his attention called to the increased frequency of a cough of this character when the patient has been subjected to physical exercise or the persistent or excessive use of the voice, and also to warm, dry atmosphere. Exercise or use of the voice throws the epiglottis forward against the tongue, and a warm dry atmosphere congests this region. Cough of this character is accompanied by little or no expectoration and with but slight, if any, rise of temperature. They often complain of an aching or tired feeling about the larynx and a feeling as though there

was something in the throat when an effort at swallowing is made.

We do not see phlegmonous inflammation or abscess formations as frequently in the lingual tonsil as in the faucial, probably owing to the fact that a mucous gland is located at the bottom of each of these follicles and that, further, the passing of fluid in the act of swallowing over this area washes infection more or less completely away. The sense of taste is impaired in a few cases, and occasionlly we see some enlargement of the sub-lingual glands.

The treatment of cough arising from this region is exceedingly satisfactory, and may be divided into, 1st, sedative cough mixtures, which only temporarily inhibit reflexes; 2nd, astringent and cauterizing applications; 3d, actual cautery; 4th, excision of hypertrophied tissue with the lingual tonsillitome.

The majority of the cases are quickly and satisfactorily relieved by the application of some of the astringments or cauterizing agents. Probably the safest of the astringents to be used by one who is not particularly expert in making application in this region is Argyrol. This agent can be used in more than 25% solution, and an accidental application of it to the larynx does not cause spasm. Cauterizing the high points can be done with Nitric or Hydrochloric Acid, Carbolic Acid or Chloride of Zinc, and daily applications of these agents can be made until the entire area is covered.

When the lingual tonsil is very much enlarged and either acutely or chronically inflamed, the thermo-cautery has proven by far the most effective remedy with me. The high points can be easily cauterized when brought in full view by the pharyngeal mirror, and with the patient holding out his tongue. If a follicle is thoroughly cocainized, it produces but comparatively little pain, though it does cause considerable reaction. Remaining prominences can usually be touched on the first or second day after the first application. I have several times seen secondary hemorrhage follow the use of the cautery, but not to any alarming extent. I have had but little experience with the lingual tonsillitome, and I must confess that I have been afraid to use it owing to the very large venous channels, which are readily seen in many cases at the base of the tongue.

I have ventured to make these few statements concerning the lingual tonsil, because I am convinced that the practitioner can often relieve reflex cough by local application done by himself, and that the results would be far more satisfactory than those accomplished by the routine administration of sedative cough mixtures.

Best Method of Anaesthetizing Children.

There seems to be no consensus of opinion on this subject. Dr. S. J. Kopetsky, anæsthetist to the Harlem Hospital, New York, combats the idea that chloroform is the best anæthetic for children. He says that cardiac failure may set in at the very beginning of the anæsthesia, when the children begin to struggle. Death may occur suddenly, without warning. Ether is less dangerous, but the best method of anæsthetizing children is by the aid of nitrous oxide and ether. By preceding ether with nitrous oxide a less amount of ether is required, the after-effects thus being diminished.—*Medical Times.*

SELECTED PAPER.

The Fresh Air Treatment of Acute Respiratory Diseases, With Especial Reference to Pneumonia.

(By James M. Anders, M. D., LL.D.)

(Professor of Medicine and Clinical Medicine in the Medico-Chirurgical College, Philadelphia, Pa.)

It is a well-known fact that when a cure is brought about in any of the infections for which we have no specific remedy or serum, the day is with the resisting forces. It is equally true that a most marked fortifying influence of the human system is to be found in certain natural agencies, among which fresh air is one of the foremost. In line with the same argument it may be stated that the most successful treatment of the great white plague is hygienic rather than medicinal, although it is to be earnestly hoped that we shall one day be in possession of a specific serum.

Doubtless one of the principal reasons for the slow progress that has been made in the treatment ofp ulmonary tubercolosis up to within a comparatively recent period, and still is being made in the case of lobar pneumonia, notwithstanding the already voluminous and ever-increasing literature on the subject, is ascribable to the foundationless and misguided hopes, which are too often based on the products of and manufacturing pharmacist, instead of recognizing the curative value of natural elements everywhere available; I refer particularly to absolute rest, fresh air, sunshine, and appropriate feeding. We may, on reasonable grounds, count this professional prepensity to ring in a long list of drugs in the treatment of this disease, the majority of which rest on nothing tangible, but are, like Mohammed's coffin, suspended in mid-air, as most unfortunate.

It required a long period of time for the profession to learn the great value of an outdoor existence in the treatment of tubercolosis, but its superior value has been finally recognized by the medical profession; and it has been before the public long enough in almost every quarter of the globe to prove its efficacy beyond question. Let us hope that no passionate infatuation of the professional mind for new therapeutic remedies will in future proffer a substitute, or lead to the neglect of a practice so efficient as outdoor living.

To be effective, fresh, pure air must be constantly applied, without regard to the seasons of the year or the periods of the day, although a certain degree of protection can and should be afforded during climatic extremes and under different conditions of disease.

Without doubt, the combined sanatorium and climatic treatment of tuberculosis has given the most favorable results in that disease. These sanatoria take the form, as a rule, of cottages, pavilions and tents, the object being to provide the sufferers abundantly with pure external air both by day and night. I am decidedly of the opinion that, next to appropriate and vigorous feeding with fat-forming proteids, the most effective element in the treatment of tuberculosis is constant purity of the atmosphere which is breathed, and also that rest, in cases presenting fever, si no less important.

Whilst this view needs no defence

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at date of writing, and whilst also the progressive element of the medical profession is wholly convinced of the usefulness of fresh, open air in pulmonary tuberculosis, there is still much missionary enterprise needed among the rank and file of that profession. It should be well understood also that to be effective the open-air treatment, whether employed in tuberculosis or any other pulmonary complaint, must be carried out in connection with a rigid system of living under the personal supervision of a competent physician.

This is equally true of the fresh-air treatment of the ordinary acute respiratory diseases, particularly lobar pneumonia, which, for the sake of convenience merely, has been placed in this category. The vast benefits of admitting fresh air to the sick-room in cases of pneumonia have attracted the attention recently of a few clinical observers, and in view of the leading importance of the subjects it deserves more extended consideration than it has hitherto received.

Undoubtedly, the normal human system has to a remarkable degree the power of accommodation, and unless exposed for too long a period to atmospheric impurities, no diseased conditions are the result. On the other hand, it is well understood that chemical and bacteriological impurities of the air are one of the most important factors in bringing about increased susceptibility to the acute infections, including diseases of the respiratory tract. No attempt can be made here to assign to the various impurities their precise role of pernicious activity. Stevenson and Murphy (1) have well said: "The evidences of injury to health from impure air are found in a larger proportion of ill health—i. e., of days lost from sickness in the year—than under other circumstances; an increase in the severity of many diseases which, though not caused, are influenced by, impure air, and a higher rate of mortality, especially among children, whose delicate frames always give us the best test of the effect of food and air."

Long since (1862) Sir John Simon stated that with a single exception "the 300,000 (coal) miners of England and Wales break down, as a class, prematurely from bronchitis and penumonia, caused by the atmosphere in which they live. The exception is important. The colliers of Durham and Northumberland, where the mines are well ventilated, do not appear to suffer from an excess of pulmonary diseases, or do so in a slight degree only." Notwithstanding the fact that, as the result of the introduction of more effective ventilation systems in the collieries of England and America, coal miners have been, down to the present day, peculiarly liable to bronchitis, asthma, emphysema, broncho-pneumonia and fibroid induration (pneumo-koniosis), which often leads to chronic ulcerative phthisis. It is true that in these cases the lung texture is lacerated and irritated, to be followed by inflammatory processes, by the inhalation of coal dust floating in the atmosphere.

The usual mode of infection with micro-organisms, which have been allowed to accumulate in badly ventilated habitations, is exemplified in the case of lobar pneumonia, diphtheria, chronic phthisis and other infections.

At all events, bad or vitiated air is an important contributing factor in the causation of this class of affections by

furnishing a nidus for the propogation of disease-producing germs and by accentuating their virulency. The fact that most cases of bronchitis, bronchopneumonia, asthma and other lung affections show an increased incidence during the variable and cooler temperatures of spring and autumn, as well as the maximum prevalence of lobar pneumonia during the cold season, or from December to April, as compared with the exemption enjoyed during the warm season, would suggest that a low temperature and other meteorological factors form important factors in their production.

Granting this view, it is undoubtedly true that thorough ventilation, combined with appropriate clothing, is our principal hygienic measure in obviating the diseases mentioned above. "While prolonged exposure during the cold, inclement season is fraught with danger, careful, judicious 'habituation of the body to cold air and cold water' becomes at once an efficient and successful prophylactic measure." As elsewhere stated, "may not the higher incidence of penumonia in winter and spring be due not so much to the direct effect of the low temperature, augmented barometric pressure, and velocity of the winds, as to the closer confinement of the populace indoors, in the stagnant air of living-rooms from which the sunlight is excluded, and which tends to lower vitality and decrease resistance on the one hand, and to favor rapid multiplication and increased virulence of the specific poisons on the other?" (2) Again there is an evident tendency, as shown by statistical evidences, for pneumonia and other respiratory affections to prevail most extensively in over-crowded districts and among the impoverished classes. While there is no convincing evidence "as to the exemption of persons living entirely in the open air and thoroughly well-ventilated dwellings, and not exposed to infection from others," no doubt can be entertained that the breathing of pure air greatly lessens the incidence of the disease.

Naturally, then, pure air is primarily an effective prophylactic agent against the immense majority of both acute and chronic respiratory affections. While the foregoing facts are scarcely if ever called into question by physicians, there is a deep-rooted popular prejudice against the too free admission of fresh air into the sick chamber in cases of pneumonia and other acute respiratory diseases for fear of contracting "cold."

In victims of severe, acute bronchitis with lowered resisting powers, a chill constitutes a dangerous experience, as a rule. Hence, such conditions permit an outdoor existence only in fine weather and in the milder climates or seasons. But frequent cahnges of the indoor air without incurring a strong draught favors the cure of cases of acute bronchitis even in elderly subjects and children. Moreover, this method exerts a hardening effect.

This method, if conscientiously and persistently pursued, exerts and especially favorable influence in chronic bronchitis during the racking oscillations of the average American climate.

Fresh air appropriately applied, then, is generally to be recommended in the usual forms of bronchitis. In cases of neurotic asthma, marked improvement is often witnessed as the result of a suitable change of air. Now,

whilst we cannot meet the variable climatic indications of this disease at home, the immediately beneficial effect of a flood of fresh air from an open window during a paroxysm is so well known as to make the suggestion appear superfluous.

The popular notion that there is an antagonism between pure, fresh air and the commoner respiratory diseases is clearly unfounded, and the profession should concern itself with the important question of giving the public the needed enlightenment on the subject. It is to be recollected, however, that fresh, cold air, such as ordinarily admitted into our sick-rooms in winter, does not mean that the patient is bathed in or breathes a germ-proof medium. Indeed, a subtle diffusion of the micro-organisms that produce pneumonia and lung affections may be in progress at the same moment. The virtue, therefore, of fresh, open air does not reside solely in the quality of pureness, but also and largely upon its low temperature and dryness.

Cold is admittedly an effective tonic, if not combined with an excessive humidity. It is well known, as previously intimated, that the human body readily endures marked variations and even extremes of temperature remarkably well without obvious danger. Prolonged exposure to extreme cold, however, may prove positively injurious and even fatal. The question here arises, Is the influence of cold equally well, or better, tolerated under conditions of disease, such as lobar pneumonia, than in health?

The consumptive, as all know, can sleep with wide-open windows during the winter and at minimum temperatures, touching -10 degrees to -30 degrees F., with vast benefits to his condition. I have observed the application of the same principle with certain modifications to cases of lobar pneumonia with remarkably happy results. The question arises, By what immutable laws of Nature is the favorable effect of a steady cold produced?

In the first place, it is an undisputed fact that when the temperature arises above the critical point (Ranke) the organism defends itself from injury by increasing heat dissipation; the heat is removed in part by radiation and conduction from the dilated surface-vessels. When the sweat-glands become active a large amount of heat is also carried off by evaporation, and obviously the drier the surrounding air thegreater the loss of watery vapor in this manner.

The critical temperature, according to Ranke, is from 59 degrees to 68 degrees F., and it is the "optimum temperature for man, securing the well-being of the organism with least expenditure of energy on its part." It is of therapeutic importance to recollect that a lower temperature demands more active tissue change and per contra, that a higher temperature demands special means for getting rid of the heat generated. Obviously, however, the resistance to cold drops below the limit just mentioned in pneumonia, first, because of the artificial devices in the shape of bed-cloths which afford protection, and, secondly, theincreased production of heat dut to the presence of the morbid process.

In combating high temperature in various acute infections it is recognized that we have an efficient measure in hydrotherapy (cold baths directly abstracting the heat of the body), and

also that water at a low temperature (70 degrees F. or lower) produces a decidedly favorable effect upon the nervous system by stimulating the nerve centres, which preside over the organic functions (e. g., respiration, circulation). It is by reviewing our knowledge of the influence of hydrotherapy in this class of affections that we can measurably appreciate the value of a dry, cold atmosphere, which must exercise an analogous effect.

Briefly analyzed, the bracing and tonic effect of a steady cold is as follows: The principal influence exerted is that upon the nervous system; this is evidenced by its calming effect and the refreshing sleep induced thereby. The appetite and digestion noticeably share in the beneficial influences of this natural agency. In this connection it should not be forgotten that in the cold climate the system demands more nutritive material than in a warm one, or otherwise there will occur a loss of bodily weight. Fortunately, it is found that patients treated with fresh air can take more nourishment than those subjected to other methods, and readliy assimilate it. Under the influence of low temperature the heart's action becomes slower and the pulse-tension increased—a desirable object to be attained in the treatment of lobar pneumonia. Cold exerts a tonic influence upon the nerves and vessels in the skin, and indirectly it has an important effect in lessening the tendency to internal congestion. Again, cold acts potently in stimulating the respiratory function, and, as an immediate consequence, more oxygen is absorbed.

It is obvious that an atmosphere containing the full complement of oxygen is demanded in pneumonia—a disease in which a large proportion of the air cells are rendered functionless. In speaking of the treatment of bronchopneumonia in children, Northrup (3) pertinently remarks: "Nothing stimulates the heart better than a current of fresh, cool air upon the face. Fresh air stimulates the heart, reddens the blood, quiets restlessness, favors sleep, improves secretions and digestion; in short, meets most of the indications for treatment of pneumonia in infants."

It has been the custom within the last quarter of a century to select as winter health resorts stations at great altitudes and in northerly latitudes. This is particularly true of foreign countries, where the medical profession has learned the lesson that these mountain resorts are better tolerated by invalids than the ordinary lowland winters, although the latter is in closer proximity to the tropics. The explanation is readily found in the fact that in the Alpine valleys the winters are intensely cold, combined with dryness and stillness of the atmosphere; and such a climate is more easily endured and more wholesomely stimulating to the bodily functions than the less severe climate of the lowland with its "penetrating damp and windy cold."

We no longer believe in the absolute necessity for high altitudes in the cure of pulmonary tuberculosis, but, on the contrary, the majority of present-day sanatoria are situated at lower levels. It is generally accepted as a fact, however, that sanatoria should be located by preference in northern latitudes rather than too near the tropics, because of the differences in the peculiarities and effects of the different climates, already set forth. From the same facts it may be inferentially

stated that home winter climates possessing such features as penetrating damp and strong wind currents would necessitate the exercise of care and caution in applying the fresh-air treatment in cases of pneumonia, although with sufficient covering and the proper adjustment of screens the patients can be efficiently protected.

At first sight, is might appear that the fresh-air treatment would diminish heat dissipation by nature's own methods, since cold, fresh air tends to contract the surface vessels, and thus retard loss of heat by radiation and conduction as well as evaporation of the cutaneous exhalations. It is admittedly important to maintain an active state of the cutaneous circulation and the secretions and by means of bed-clothes the resistance to cold is greatly increased, and under these circumstances mild perspiration may even be induced by systematic tepid spongings, combined with simple diaphoretics. At all events, the theoretical objections which might be urged against the fresh-air treatment are more than balanced by the salutary influences mentioned above, more particularly the bracing effect of the dry cold, with purity of the atmosphere, both of which are the features of this mode of treatment.

Indeed, it is not my purpose to advocate the fresh-air treatment to the exclusion of other accepted methods and means in the management of cases of pneumonia, but as a vaulable adjunct to what is already known on the subject. The question naturally arises, May not a patient catch "cold" if exposed to currents of fresh air from open windows? May not such conditions be conductive to the occurrence of the more usual complications of this complaint, more especially bronchitis? It is generally conceded that generalized bronchitis of severe grade is an ominous complication; it intensifies the febrile movement and augments the dyspnea and cyanosis as well as the tendency to cardiac failure.

A personal acquaintance with the fresh-air method, although somewhat limited, justifies the statement and belief that pneumonia patients are in no danger of contracting a cold from perflation of the sick-room with fresh air, and that the mere breathing of fresh air or the flowing of cool air over the face while the patient is confined to bed is practically unattended with risk in this respect.

In a severe case of lobar pneumonia, which I saw with Dr. George M. Boyd during the past winter, the nurses in attendance were obliged to wear wraps; this was also true of other cases without ill effects. My personal experience of its use, however, is limited to only five cases—too few to base thereon reliable inferences—yet the uniformly favorable results obtained furnish strong encouragement to its more general adoption.

The fresh air treatment should not be undertaken without due deliberation upon the peculiarities presented by the individual case. Thus, in certain forms of secondary pneumonia it might be inadvisable, e. g., when pneumonia supervenes in the course of advanced Bright's disease, or in persons having a highly sensitive nervous organization, and the like. The response to the action of a steady cold, be it remembered, it not always the same.

In general terms, it may be said that this measure is contraindicated in exceptional instances only; hence there is

no difficulty in selecting suitable cases for its employment.

Lastly, among the particularly beneficial effects observed from the constant breathing of fresh, cool or cold air are a better general condition, and increased strength, an improved appetite and digestion, refreshing sleep, lessened severity of the cough, diminished breathing rate, fever and pulse rate; in short, a less marked toxemia than in cases treated by the more usual methods. The nervous system, however, partakes largely in the general favorable effects.

REFERENCES:

(1) Treatise on Hygiene, Vol. I, pp. 321, 322.

(2) "The Prophylaxis of Lobar Pneumonia," Medical News, June 3, 1905, by the writer.

(3) New Albany Medical Herald, April, 1905.

(4) Huggard: Handbook of Climatic Treatment, pp. 286.

—*Medico Chirurgical Journal.*

Abdominal Applications in Typhoid Fever.

The proper treatment of typhoid fever does not merely consist in drug giving, but it also includes proper management. There is no class of disease that requires more care and attention, or to which more skill must be devoted, than typhoid. Every symptom and every sign must be noted, every detail in so far as regards the temperature at different hours, the time of each defecation, urination, and other functions performed, the hour when food is taken, and what it is, the medicines administered, what they are, what doses given and at what time, and the character and frequency of the pulse and respiration. So far as the food is concerned, the physician should attend to this, and order such as will be proper.

But there is one thing upon which he should particularly insist, and that is a close observation of the patient's skin. If it suddenly gets hot and dry, it is an indication of the extension of the inflammatory process along the alimentary canal, and is certain to be accompanied by a rise of temperature and other symptoms of a more or less serious nature unless combated early.

In addition to this rise in temperature there will be observed a symptomatic eruption, more or less marked, of a roseolous character and if the case be very serious, petechial in nature. Here it is that immediate means of relief must be resorted to by the medical attendant. The patient is weak, and the means that are used must be such as will disturb him the least. There is none better than an external application that will act, and the best one of this class is beyond all doubt, Antiphlogistine. In cases of typhoid fever it should be applied thin. The application of Antiphlogistine must be frequently repeated, and as a result of this procedure the pyrexia will greatly diminish as well as the pain o npressure of the abdomen.

Unquestionably the course of typhoid fever may be influenced by the judicious application of Antiphlogistine.

—*Abstracted from The Medical Era.*

In acne use lotio alba. Resorcin may be used followed by benzoated oxide of zinc ointment. The curette or lancet is often necessary.—*Central States Medical Monitor.*

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Infection From Milk.

Quite recently several outbreaks of infectious disease have been traced to milk which has been shown to be the means of spreading such diseases among the persons who consume it. Scarlet fever is one of the diseases most commonly carried by milk. It has been deconstrated that the germs of this disease occasionally find their way into milk, where they appear to thrive. These germs may get in because some one suffering from scarlet fever has been milking the cows, and it has also been thought that the disease may be caused by the animal being itself the source of infection. Besides scarlet fever there are other diseases, the germs of which grow and are conveyed in milk. Of these typhoid fever, tuberculosis, and diphtheria appear to be the chief. The germs of typhoid fever usually find their way into milk from the water which is either used to wash the vessels into which the milk is put or is added for the purpose of dilution. Much can be done to prevent the spread of infectious disease from milk by having dairies and cow sheds kept thoroughly clean and well ventilated. Local health officers ought to be given the assistance of a competent veterinary surgeon, whose duty it should be to rigidly inspect at given intervals all dairies within a certain district.—*Medical Age.*

The pain in appendicitis is ameliorated by the application of menthol over the affected area. It may be applied in the form of an ointment or as a saturated lotion.

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EDITORIAL.

Genius and Degeneration.

Some one has advanced the idea that Genius is the capacity for hard work, but Dr. H. Edwin Lewis holds that it is a mark of Degeneration. (International Therapeutics, Aug. 1906). He draws a sharp line between genius and talent. Genius is an unusual development of some special faculty which assumes an original and startling method of expression, and which usually exists at the expense of normal cogency of thought and action. Extraordinary gifts or extreme development of some mental attribute depicts the original character of the genius, outside of the rational circle of cause and effect. Genius is unreal while talent is skillful technique applied to material or pre-existing things, and is essentially real.

This phase of the subject brings to the front the much discussed question of those mental states that are on the border land of insanity. It is to be regretted that we have no satisfactory definition of what sinsanity, nor is one likely to be had until a definite standard of what is a normal mind is established. The old song that "all the world is queer but me and thee, and thee is a little queer." if not true at least expresses the trend of thought as to a comparison between our own and our neighbor's mentality. This is analogous to the widespread belief that all men are insane on some subject, or out of harmony with the generally accepted views on the particular question.

That all people are not endowed alike naturally is evident. It is equally evident that some are specially endowed to a greater degree in certain attributes, lines and characteristics than others, and that all have an intrinsic feature that differentiates the *ego*. Genius signifies to begt to bring forth; it is properly the superior or divine nature which is innate in everything; it is that disposition or opitude of mind peculiar to each man, and

which qualifies him for certain kinds of action or success in any employment or persuit. (Webster). As generally used it has come to mean superiority of mental endowments, generally in some particular direction though not always so.

Lewis in his differentiation between genius and talent would make a closer distinction than this, claiming there is nothing synonimous between the two words or their significance. According to him whenever the peculiar mental endowment that differentiates the *ego,* is present to a high degree or developed to an extent to create an impression upon his mode of expression or manner of life the individual is in an abnormal condition and without the pale of sanity though not necessarily sufficiently provinced to constitute the extreme unquestionable condition of insanity. The perversion of one or more faculties of the mind constitutes degeneration, and taking the view he does of the word and its significance a genius is a degenerate.

Alienists and neurologists recognize the stigma of genius and while the degree of organic disease of the brain is indeterminate the author of the paper alluded to claims that in view of composite signs of mental aiienation the pathologic basis for the expression of genius can scvarce be doubted.

The acceptance of this view would necessitate a restriction of the word to those conditions in which the particular characteristic of the individual was developed to an abnormal extent. It would be no longer permissible to allude to a man of strong intellect as a genius or to the master mechanic, or cunning workman, or great inventor as a genius.

Whether this view is accepted or not the plea with which Dr. Lewis closes his paper, is pointed and one will not go astray in following it, and is given in his own language:

"In conclusion, let me voice an earnest plea for the cultivation of more healthy tastes in our literature, art and music. The wonderful progress that has been made in all branches ofscience should have a developing influence on all mentality, and to quote Nordau, "the course of development is from instinct to knowledge, from emotion to judgment, from rambling to regulated association of ideas. Attention replaces fugitive ideation: will, guided by reason, replaces caprice. Observation, then, triumphs evermore over imagination and artistitc symbolism."

Let us train our young, then, to prize personal observation far above the ramblings of imagination, the study of objects and actualities far above the distorted figments or dreams and hysteria. For the betterment of us all let us give to the talented every assistance and every approbation, but to the genius nothing but pity and commiseration. His work is false, illogically conceived and ever harmful in its influence.

In Shapespeare's words:

"Dangerous conceits are in their nature poisons,
Which at the first are scarce found to distaste;
But with a little act upon the blood
Burn like mines of sulphur."

As a physician constantly being brought in contact with psychopathic tendencies all too frequent in their occurrence, I wish to emphasize as I leave the subject this all-important fact, that minds to keep healthy must

feed themselves on healthy literature, art or music. Such healthy products must have no hysteria, perversion or symbolic sensualism in their fabric, but they must instead measure up to normal standards of logic, morality and realism. They must mean for each individual pogression and not retrogression. Otherwise they will certainly continue the vicious influences which produced them, and whether these influences lead to the scintillations of genius, or the gibberings of insanity, the significance will be the same—mental degeneration.

After Effects of Eclampsia Infantum.

So common are convulsions in the first one or two years of the childs life, or even up to the period of second dentition, that we are prone to disregard the full significance of an attack. An attack at some period of the infancy is almost expected. Perhaps fifty per centum of children are affected to some degree before arriving at the age of second dentition. The very commonality of their occurrence leads us to overlook the importance and necessity of considering the gravity of the symptoms. We treat the child for immediate relief, ask after the history to ascertain the active cause, and administer remedies for worms, constipation, over-feeding, fever, et cetera, according as to which of the many exciting causes we may deem to be present in this particular case. A few directions as to what to do in case of a return of the spasms, perhaps a tonic and an antispasmodic, and consider our duty accomplished.

But are the predisposing causes sufficiently considered, or the bearings of the convulsions upon the future of the child fully realized? A study of these two questions are needed more especially the latter. These children should be made objects of inquiry, extending over several years, and the condition of the nervous system in adult life be noted.

Nearly all writers acknowledge some hereditary influence as a predisposing cause in the production of convulsions in children. Vogel claims that the mother's of these children are, as a rule, hysterical, and afflicted with hyperasthesia. Our own experience would not lead us to go so far as this, but there is nearly always an element of nerve degeneracy in one or both the parents. Taylor and Wulls say: that some families are especially prone to suffer ill effects from motor excitements or their infants offer but feeble resistance to exitants, be these physical or psychic.

Convulsions in children, should always be considered as an evidence of nerve degeneracy. There may be exceptions to this, but the physician will be on the safe side to thus consider it, until a full investigation proves otherwise. Taylor and Wells are authority for the statement. "It is unusual, perhaps impossible, for a healthy child to have convulsions, unless the exciting cause be overwhelming as trauma, an intense irritant or poison. Convulsions readily occur in children of unstable equilibrium. This daugerous condition may arise from inheritance or be acquired, and is of varying degree. (2nd Edition, pp. 507).

If there be nerve degeneration in the child or as Taylor and Wells puts it unstable equilibrium, unless free stalled by treatment, the tendency will be

to neuratics in adult life. Again quoting from Taylor and Wells (*loc. sic.*) "Gussage and Coutts lay great stress on the facts that the danger of future neurotic manifestations in children who have had convulsions has been underestimated; * * * " Statistics were produced at the 1899 meeting of the British Medical Association, showing that over one-half of the patients who had exhibited convulsions in infancy were found to suffer from some form of neurosis." The neurotic manifestations will be of various grades, from undue nervousness to the more pronounced conditions as epilepsy and insanity. Perhaps fifty per centtum of the patients affected with epilepsy, exhibited convulsions in infancy. We have seen this statement made, as a result of investigating the histories of several hundred epileptic patients, but the reference cannot now be found. It is well known that the early history of epilepsy shows a nervous unbalance of the individual in infancy.

Tyson says (Practice of Medicine, 3rd Edition, pp. 1103) that the tendency of modern writers, especially of the French school is discountenance heredity as a factor in the production of epilepsy, while Taylor and Wells give it as one of the chief causes, alcoholic excesses in the parents being considered as responsible for a much larger number of instances of degeneration than any other single agent, and *pariposa,* many convulsive seizures in the child may be readily traced to the alcoholism of the parent. Gowers puts heredity as the predisposing cause in 35 per centum of all cases of epilepsy.

Whether heredity is a factor in epilepsy or not, there is no doubt of the fact that convulsions in children is a neurosis, and as such demands consideration in order to prevent more serious manifestations of the neurotic state in adult life. Probably the most serious obstacle in the treatment of these cases is in the parents themselves, who should be the natural instructors to direct and control the child, but whose mental equilibrium is not fitted for the task. We are met on the very threshold of treatment with the nervousness of the parent, and consequent inability to properly carry out any plan of treatment that the physician may direct.

If we would prevent neurasthenics being produced from these cases, the treatment must be in early life. It has been said the time to begin training a child is with its grandmother. In these cases, we have neither of the progenitors to assist us in giving the child a stable nerve organization, as in at least a large majority of the cases they have already transmitted a condition of great instability. The treatment indicated is in training the child to habits of control of nervous manifestations, discipline in psychis attributes and physical state, hygienic surroundings and living, regularity of life, and the body kept in good preservation and health. These are no more than what every child is entitled to, but are absolutely essential to the one born with a disorganized nervous system.

Hereditary is no bar to treatment. It is a handicap, but can be overcome in part if not wholly. The child is never the counterpart of the parent, tho inheriting many characteristics, either mental or physical. With this inheritance there is always the potentiality of adding to and taking to frhm the

transmitted attributes. The evil tendency can and should be eradicated where possible, suppressed or directed when necessary; the good should be fostered, encouraged and strengthened. That one-half of the infant population exhibited convulsions in childhood does not mean that one-half are neurottics, in adult life. The weakest children die before puberty and many of the remaining by training and development overcome the vicious tendencies before adult life. The possibility of bringing many more of these eclauptics to a fairly developed nervous state in adult life is evident.

Maternity and Defectives.

There is a wealth of material for thought and action in the two clippings presented below, from the address of Dr. Hollopeter, as chairman of the section on Pediatrics at the last session of the American Medical Association, (Jour. A. M. A., Aug. 11th, 1906):

"One of our future problems is the prosecution ot a campaign of education for maternity. A troublesome obstacle that the pediatrist encounters today is the general ignorance and helplessness of the young mother. She may be skilled in letters, arts and sciences as a college graduate, but know little or nothing regarding the essential hygiene of early life. Trifling ills and errors long neglected may have serious consequences—even death. Instruction in the details of the baby's care and proper guidance in the study of home modification of milk is often the main function of the medical attendant, and a maternal mind previously prepared in hygienic instruction is a great help."

"Again, what enormous economic possibilities lie in the proper education and development of defectives! Heretofore our work for the betterment of child life has been largely to improve nutrition and environment. May we not logically extend our efforts toward regulating matrimony in a measure? We can not take literally the advice of Dr. Holmes to begin the education of the child with the grandparents, but we can use our efforts to prevent unsuitable marriages. Surely the province of pediatrics may properly include inquiry into the fitness of prospective parents for propagation of healthy offspring."

These questions are more economic and social in their character, and while not essentially medical, yet the final results are in such close relation to the profession that their consideration comes properly within its domain. The regulation of the work, if not prosecuted by the physician should be directed by him. This too is largely personal work, best prosecuted by the family doctor.

Frequent Feeding in Catarrhal Jaundice.

The subject of diet in disease is one of prime consideration, and probably has not been given the prominence its merits deserve. In stomachic and intestinal troubles diet is given due consideration, but this is hardly true of biliary affections. Dr. Charles Human has given us a note on this subject that is of interest. (N. Y. Med. Jour., Sept. 22, '06). His attention was called to the question by the presence of a biliary fistula in a member of

his own family of five years duration. The study of this, with the writings of Jaboul and Patel, gives certain results which he has applied to practice.

The amount of fistulous bile was twice as much during the night as during the day; fruit and other articles increasing peristalsis, diminished the discharge of fistulous bile; a meal late at night diminished the night discharge, without increasing the amount discharged in the day; alcohol acted unfavorably in increasing the amount discharged.

The reason for there being more bile discharged during the night than during the day is because the intervals between the meals is shorter. Bile is secreted all the while and stored in the gall bladder in the intervals between meals. The products of gastric digestion passing into the duodeuum relax the sphincters and bile is poured out into the duodeuum. Regular and frequent flow of bile into the duodeuum is a preventative of biliary infection. Infants are less prone to biliary jaundice because of the frequent feedings—the irritation of the sphincter during digestion and peristalsis, producing a free flow of bile.

The object in the treatment of jaundice is to facilitate the flow of bile, and this can best be accomplished by the regular and frequent injestion of food. Five or six small meals during the twenty-four hours instead of the three regular meals should be advised.

The character of the food is not of as much importance as the frequency, provided there are no gastric disturbances. This plan may be advantageously followed in many biliary affections.

Venerial Superstitions.

The N. Y. Medical Journal (Aug. 11) treats editorially a paper on this subject by Dr. Flora Pollock, reporting the Woman's Venerial Department Johns Hopkins Hospital Dispensary. Two prominent superstitions are alluded to, viz: a person with a venerial disease can be rid of it by transmitting it to another, preferably a virgin, and that the birth of a child will relieve the mother of the venerial disease by giving it to the child.

The first of these superstitions is widespread and several attempts to be thus relieved have come under our personal observation. Dr. Pollock thinks this may possibly be a cause as to why there are so many attempts at rape on white women by negroes.

These superstitions are of such a nature as to render the combating of them an almost impossibility.

Tuberculosis Exhibit.

The Cleveland Medical Journal deals with the question editorially in its September issue, calling attention to an exhibit to be held in the City of Cleveland under the auspices of the National Society for the Prevention and Cure of Tuberculosis in conjunction with the local Anti-Tuberculosis League. The exhibit is to be of charts, showing statistics, prevalence, ease of dissemination, simplicity of methods of prevention, etc., of tuberculosis, with lectures and demonstrations.

We most fully endorse the importance of the profession's duty, and the importance of securing the co-operation of the public, as set forth in that part of the editorial given below:

"The co-operation of the laity in the

battle against this terrible scourge is imperative. Without a proper understanding, on their part, of the dangers and means of infection and the methods of prevention and treatment, the instructions of the physician, no matter how explicitly given, are apt to be disregarded. Tuberculosis it theoretically a preventable disease and it is a serious reflection upon our boasted medical progress that the death rate from it should be so appaling. Much can be done in diminishing its ravages by the proper care of tuberculosis patients, more especially in the hygienic observances of their daily life. The idea that a change of climate is absolutely essential is no longer held, and while undoubtedly it is very often of great assistance in the treatment of the could be cured by proper treatment at the patient's own home. This is a most important fact when we consider that the disease is so frequently found among the poor, who would be utterly unable to bear the expense of a change of climate. Not only should every medical man, by his personal attendance at this exhibit, show his approval of this effort to educate the people in the campaign against tuberculosis, but he should urge as many as possible of his patients to see it for themselves, more especially the members of those families in which the disease exists."

Editorial Notes and Comments.

Intravenous Injections of Mercury in Syphilis of the Nervous System.

Beinhart writes (Iowa Med. Jour. June, '06) of the difficulties in the early recognition of syphilis of the nervous system and the therapeutic advantages of intravenous injection of mercury as a means of diagnosis. It should be so as to secure intensive action and not adjuvants be used except in gumma and long continued sclervis. Given a case of involvement of the nervous system, he says:

"Where an active syphilis is the supposed causative factor, it can be demonstrated either to the affrmative or the negative by the intravenous injections of mercury, quicker and more positively than by any other known procedure. This method of medication can be used in any case where the veins can be made sufficiently prominent to permit of a subcutaneous introduction of a hyperdermic needle."

The tendency in these conditions is to too long delay or too tardy treatment. The plan outlined is preferable to any other mode of administering mercury, and is thus given:

"The technique of making these injections is comparatively simple. A constricting band is applied above the point of injection and the distended vein is pierced with the needle; the free swing of the point proves its presence in the lumen of the vessel. The tourniquet is removed and the medicine is slowly injected. A glass syringe with a platinum needle should be the only kind used, and strict antisepsis must be observed. The preparations most commonly used are either the bichloride or cyanide of mercury in solutions of from 1 to 2 per cent. In several thousand injections the only evil results ever encountered were an occasional slight vertigo or nausea usually accompanying the first injection,

or on the other hand the needle point might engage a vein valve after which a slight painful swelling follows, under massage and the local application of iodine this soon disappears. The veins of the fore-arms will furnish space for numerous injections. In fleshy people where the veins of the arms are difficult to reach, the veins of the feet can usually be utilized. The dose of the bichloride of mercury ranges from one-tenth to one-half grain. Beginning with a one-tenth grain injection a rapid increase can be made until the patient is taking maximum doses. These injections are to be given daily. The average well tolerated dose of the cyanide of mercury is from 20 to 30 minims of a 1 per cent solution."

Prescription Writing.

In an editorial on the "Deficiency in Materia Medica and Therapeutics" the Central States Monitor calls attention to the deplorable condition of the average recent graduate in his inability to write a prescription. He is taught everything else in the regular curiculum, but on this the most important part of his education he has received no instruction and is often the laughing stock of the drug clerks in his crude efforts to make a prescription.

The blame is placed upon the teaching force of the colleges, probably each professor leaving it for some one else, and closes with this pertinent suggestion as a remedy:

"Whatever the cause, the effect is deplorable; and a remedy is needed. This remedy, we believe, the state boards can supply by introducing into their examinations a special set of questions calling for and bearing on prescription writing. The subject seems to belong equally to materia medica and therapeutics. If the boards demand ability to write prescriptions, the schools will supply the demand.

Prescription writing is a science and an art; and the true physician takes a pardonable pride in this important phase of his work."

Claims of the Osteopaths.

Boyce, in the Iowa Medica Journal for June, gives an account of the meeting of the Southwestern Iowa Osteopathic Association composed of a dozen or fifteen members, from which the following is clipped as presenting some of the things claimed:

"In the evening, for a public lecture, a learned gentleman came all the way from Chicago to convince everybody of the superiority of "Osteopathy as a System of Therapeutics." The said gentleman had most of the alphabet (variously acquired) after his name. He claimed to have received the John Hunter Prize Medal from an English university over nine hundred students. If he knows no more of physiology than his lecture would indicate, it must have been a bogus medal that was worked off on him. He defined health as a normal relation of all the structural cells of the body organism, as a mechanism. Disease then is the result of the displacement or mal-position of some of these structural cells. He ridiculed the germ theory as a cause of disease. As this remark was well received he evidently spoke the sentiments of the cult. He did not fail to make it plain that he is a very great man, and in defining osteopathy as a therapeutic system he drew freely from

his own vast experience. Cancer or epilepsy have very little show when he gets his fingers on the patient's axis. He made it plain that there is a separate blood forming gland for each part of the body. The heart, lungs, brain, feet, liver, etc., get their blood from a separate, distinct and well known gland. If the heart becomes diseased, osteopathy stimulates the proper gland to produce a better grade of blood; and the disease vanisheth. A similar precedure overcomes diseases of the other parts of the body. He failed to explain just why death occurs, but probably, it is because osteopathy has not yet found the gland which manufacturers a life blood that will live forever.

The learned gentleman got so interested in telling of himself and his accomplishments that he almost forgot to launch a tirade against the medical profession. It certainly was a shady trick for the "medical doctor" to stand in the way of this medical farce when it wanted some legislation to place it on a par with reputable medicine. If the osteopaths believed in the prevention of disease, they should pass a resolution restraining the second cervical vertebra from being misplaced, displaced, dislocated or assuming any mal-position whatsoever. That would prevent a great deal of suffering, apparently; but then it would knock the bottom out of osteopathy."

Stem Pessary.

Carstens in the Medical Council for Sept., '06, gives the following as his conclusions in the use of the stem pessary:

"First, the stem pessary will generally cure amenorrhea after all other means have failed.

Secondly, it will develop an infantile uterus and enlarge a prematurely atrophied one, and restore a superinvolutional womb to a normal condition.

Thirdly, it will cure most cases of intractable dysmenorrhea, where no special pathologic condition can be found.

Fourthly, if worn for six months or a year it sometimes cures sterility.

Fifth, all inflammatory conditions about the pelvic organs must be rigidly excluded before it is used, and the same aseptic precautions should be taken during its introduction, as a surgeon would with the most complicated case of abdominal surgery."

"Home-Made Liquid Capsules."

Sheffield offers a suggestion (Palatable Medication, N. Y. Med. Jour., Sept. 15, '06) in the giving offensive fluid extracts, tinctures, essentian oils, etc. The liquid medicines and empty capsules are prescribed separately, with directions to prepare each dose as needed by means of a dropper. This he calls "Home-made Liquid Capsules."

For Your Attention!

Bills are now being mailed to subscribers. If there is any error in your account, remember we are just as anxious as you to correct any error. Don't get mad, but write us promptly and briefly and we will give your complaint immediate attention.

A good local anæsthetic for spraying abscesses before lancing is made with half a drachm of chloroform in an ounce of ether.

ABSTRACTS.

The Radical Cure of Aneurism.

R. Matas, New Orleans (Journal A. M. A., Sept. 29), gives the history of his operation of intrasaccular suture, and remarks that in spite of his efforts to elucidate the general principles and method of the operation a good deal of misapprehension still seems to exist. He here describes the operation as consisting of two fundamental procedures: 1, The obliteration by suture of the vascular orifices which open into the aneurismal sac; 2, the oblieration of the sac by suture, which brings its inner surfaces in apposition; or by other methods which leave the sac undisturbed and tend to secure primary healing. In obliterating the vascular orifices that supply the sac, the parent trunk which nourishes the anerism may be preserved or obliterated at the point of attachment, according to the type of sac encountered. Hence the subdivision into two varieties: "1. Obliterative endoaneurismorraphy (the fundamental procedure) essentially consists in opening the sac freely without disturbing it from its surroundings and closing all visible arterial orifices within the sac, by suture, thus securing complete hemostasis and permanently stopping all further access of blood into the aneurismal cavity. The sac is obliterated by approximating its walls with buried sutures and closing the wound, with or without drainage; or, in rigid cavities, by simply infolding the overlying skin flaps and lining the cavity with them (*capitonnage* of the French), or by one of the several procedures or variations I have suggested." This method is indicated in all aneurisms in which the sac is of a fusiform type in which there are two or more orifices of supply, and in which the parent artery is entirely lost at the seat of the aneurism by blending with the aneurismal sac throughout its circumference. In these cases no attempt is made to restore the continuity of the parent artery. The blood stream is interrupted in that into the sac, to which all sources of part of the vessel directly opening into the sac, to which all sources of blood supply are cut off by suture. Twenty-two of the American cases reported are of this operation. "2. Restorative endoaneurismorrhaphy. This variation in the procedure is solely applicable to aneurisms of the sacciform type, in which the parent trunk retains its continuity and normal outline, and the aneurism is a sac simply grafted on the vessel. By opening the sac freely and washing out the clot, the opening leading to the artery is exposed inside the aneurism and is readily closed by a continued suture which penetrates through all the coats of the sac at the margin of the orifice of communication. By this procedure the blood supply of the sac is permanently arrested, the lumen of the parent arteray remains patulous and the arterial stream supplying the limb or dependent territory is immediately restored through its normal channel. The sac is then obliterated by bringing its endothelial surfaces together with buried satures, and the surface wound is closed in the usual manner. Up to the present time seven operations of this type have been reported by American surgeons, all successful, and two at least of the foreign cases may be appropriately added

to this list, making nine in all. 3. Reconstructive endoaneurismorrhaphy (arterioplasty) is applicable solely to fusiform aneurisms in which the coats of the sac are firm and resistant and the two openings leading to the main artery lie on the same level, in close proximity, and are situated at the bottom of a superficial or readily accessible sac. In aneurisms of this type, especially those of traumatic origin, the continuity of the parent artery may be restored by making a new channel out of the sac walls, which can be brought together by suture over a guide (catheter or drainage tube) inserted into the proximal and distal openings of the aneurism. Before tying the last sutures, the guide is removed and the channel is left behind, corresponding to the outline of the original artery. The sac is then obliterated by approximating its surfaces with buried catgut suture, as previously applied in the first and second procedures." Thus far five cases of this operation have been reported, all by American surgeons. Two of these patients have relapsed, and in one of these cases he thinks that the amputation which followed nubht have been saved had a secondary obliterative operation been performed. A summary of the heretofore recorded and well-attested cases of these operations is given.

Amebic Dysentery.

Dr. William R. Moulden, of Washington. D. C., who was formerly a resident physician of the Bilibid Prison, in Manila, Philippine Islands, gives a very interesting summary of the comparative value of solutions of Quinine Sulphate and solutions of Sulphate of Copper in the treatment of Amebic Dysentery. These comparisons cover 540 cases. No medication by mouth was employed as it is now a well-recognized fact that only by direct attack on the affected arena in the bowels can efficient results be obtained. Copper sulphate solution 1:10,000 destroyed the amebæ more quickly than the quinine, gave the patients less pain, no constitutional symptoms of the copper, and that the duration of the disease was less, that relapses were rare and convalescence less prolonged.

Experience had told the observer that 1:500 to 1:750 acid solutions of Quinine Sulphate , which were in general use at the beginning of his service were decidedly irritating and painful and besides the patients suffered severely from systemic effects of the Quinine. Dr. Moulden learning thro' the U. S. Agricultural Department of the use of Copper Sulphate in purifying city water supplies, this use being based on the remarkable activity of copper on low forms of vegetable life when employed in 1:10,000 strength, decided to test it as an irrigation fluid in dysentery. A microscopical study of the stools of the cases were made and it was found that the comparative treatment of Intestinal Amebiasis (Tropical Dysentery), was favorable to the copper solutions.

The method of using the copper solution is given below in Dr. Moulden's words:

The copper sulphate instillations were begun as follows: After placing the pateint upon a specially designed inclined plane that comfortably raised the buttocks twenty-five centimeters above the level of the shoulders, thus allowing for the complete distention of

the entire colon, especially at the cecum where the amebas are usually present in large numbers, by taking advantage of the fact that, as the majority of the weight of the solution is thus kept internal to the sigmoid flexure, a maximum distention of the entire colon is produced, while a minimum amount of pressure is brought to bear upon the rectum and its sensitive nervous mechanism, the colon was thoroughly irrigated, through a double-flow colon tube, with sterile water until the return was perfectly clean. After draining off all the surplus water the bowel was slowly filled with the copper solution by starting with the reservoir on a level with the anus, and slowly elevating it as the gut accommodated itself to the pressure, thus distending it to its fullest capacity without exciting contraction of the muscular walls.

As there was never any pain complained of in the use of the copper solutions, the patients seldom experienced any great difficulty in retaining it for twenty minutes; so that the entire extent of the lower bowel was thus exposed to the action of the ameba poison for sufficient time to kill off all of the parasites in the crevices of the mucous membrane and the ulcers themselves, and to some extent, perhaps, those in the deeper layers of the membrane, although it would seem, from what we know of the action of the sulphate upon tissues, that its penetrative action would be very limited.

This procedure was repeated every twelve hours, making two instillations per day. The question of frequency of treatment is an important one, for there can be no doubt that too great a number per day do infinite harm, by weakening the patient so that his resistance to the invasion of fresh areas of the mumous membrane by the ameba is so lowered that it more than counterbalances the very object aimed at by the overzealous attendant, namely, the checking of the development of the parasites by killing them off as frequently as possible. As clinical experience, as well as laboratory research, has proven that a twice daily destruction of organisms, both animal and vegetable, will sooner or later exterminate their source, it would seem wiser to depend upon two thoroughly efficient applications of the solution than to exhaust the reserve force of the individual by a needless frequency.

At 2 o'clock in the morning each patient, of the quinine as well as of the copper series, was given 50 c.c. of a saturated solution of magnesium sulphate, with the object of washing from the membrane by exosmosis as many of the amebas as possible, and by clearing out all digestive residue, securing a clean tract for the day's work. The stool resulting from this purgation was also used in making a daily estimate of the number of amebas per microscopic field.

Lobar Pneumonia and Its Abortion.

Shannon discussed this question before the Tri-State's Medical Association (Miss., Ark., Tenn.) at its recent meeting (Memphis Med. Monthly). After a brief resume of etiology symptoms and pathologic conditions he gives his treatment, the salient points of which are a blister, purgatives, large doses of quinine from the start, no coal tar derivatives, alcohol only in those accustomed to its use, variation

if pulse is strong and rapid, warm sponge baths, and keep the kidneys active. Strichnia is preferred to digitalis if a cardiac stimulant is needed. Opium with some salt of ammonia for harrassing cough, atropine in small doses for dyspnea. Hygienic precautions to prevent spread of disease, nutritrious foods. Prepared foods are unsatisfactory. In convalescence, iron, nux vomica and arsenic.

On the question of aborting the disease he has this to say:

"As for the abortion of lobar pneumonia, will say that it is yet an unaccomplished fact. The consideration of this phase of the disease is yet at the point where the timid halt and consider from afar, while the bold stand and scoff. Almost every author of a textbook on the practice of medicine pronounces pneumonia a self-limited disease, running its course in from three to ten days usually. But I have never yet been convinced of that . Acute, infectious disease necessarily is self-limited. I believe that there are cases of lobar pneumonia seen in the incipiency that if left alone would present a typical picture if allowed to progress that with proper treatment at the proper time can be cut short. I do not go so far as to assert that every case comes under this head, nor do I believe that with our present knowledge we can diagnose an abortive form from the self-limited form. The trouble is that we rarely ever see a case in its incipiency, or before the stage of engorgement has passed. I do not feel that any step toward an abortion can be taken when the lung has become hepatized. Then we are surely dealing with a self-limited condition. I have seen some few cases presenting all of the signs and symptoms of a lobar pneumonia in the first stage, convalescing in seventy-two hours and about their duties in four or five days. I make it a rule to treat all cases I see in the first stage as if of the abortive form, namely: thoroughly empty the aliementary canal and keep it open; skin and kidneys likewise. Large doses of quinine. Aconite to physiological effect. Blister thoroughly, and if the heart shows signs of weakening, strychnine in doses I consider indicated. And last but not least, saturate pateint's system with calcium sulphide, our best drug in combating the progress of any pathogenic organisms. If my patient passes the third day without a marked change for the better, I classify his condition among the "self-limited" and console myself with the conviction that I have done all within my power."

Pelvic Disease and Functional Nervous Troubles.

Putnam calls attention in an article on Functional Diseases (Buff. Med. Jour., Sept. '06) to a state or condition often noted in regard to the relation between these diseases and the pelvic organs. It is well known that operations upon the pelvic organs for the relief of reflex symptoms often fail utterly to give the desired relief, and the author advises as follows:

"The safe rule, as it appears to me, is that if there are no local symptoms of irritation it is extremely unlikely that without a local irritation we will have a reflex disturbance. From the fact that in the last 10 years a good many patients have come to me after successful operations by eminent gynecologists, at periods varying from a

few months to two years after operations for lacerated cervix or Alexander's operation, with the nervous disturbances unimproved, I have come to the conclusion that the operations, if made, should be made for the local condition only. Then we may save the patient from the blow of bitter disappointment and crushed hopes, as this latter is a mental condition which makes the patient much more difficult for the next man to treat. I do not wish to be misunderstood. I am not arguing against the correction of pelvic disease, or lesions, for that would be folly, but I urge that such pelvic disease should be corrected for its own sake and not make the headache or the insomnia or the irritability of the nervous system the operator's excuse."

This advice is pertinent and if followed will add laurels to surgical work.

Diagnosis of Gastric Ulcer.

H. Weinstein says that an untreated ulcer may result in one of the three following conditions: (1) Severe hemorrhage by rupture of a vessel in the stomach wall. (2) The serosa becoming involved in the ulcerative process may ruptpre, or, if adhesions to neighboring organs are present, an encapsulated abscess will ensue. (3) Frequently the ulcer extends both laterally and in depth, presenting a funnel-shaped, terraced appearance, and it may attain the size of the palm of the hand. The mere healing of a chronic ulcer is no satisfactory cure, for the consequent cicatrices may deform the stomach or cause atrophy of the glandular elements. In a case of ulcer one may find at first only painful pressure after a large meal. Even this may disappear if the patient takes only a liquid diet. At this stage careful inquiry will disclose the fact that the pain in the epigastrium or back appears, or, if constant, is aggravated after a meal. Physical examination will elicit an epigastric or dorsal pain point, or both. If in addition to the foregoing, which, by the way, are the most reliable symptoms of ulcer, there are evidences of hyperacidity as expressed in acid eructations, vomiting of sour material, headaches, and constipation, then we may safely conclude that the case before us is one of ulcer, and we should lose no time in instituting appropriate treatment. It is not necessary to wait for hematemesis to confirm the diagnosis, and we may rest assured that sooner or later this positive symptom will appear if we but wait for it. Hematemesis occurs in about one-third of the cases of ulcer, but it is always a late symptom and therefore preventable. Absence of hemorrhage is usually the cause of failure to diagnosticate ulcer.—*Medical Record.*

The Relation of the Physician to Sanitation and Hygiene.

H. P. Sights believes that physicians should be more careful than they usually are to instruct their patients as to many things which medical science has proven—such as the agency of the common house-fly in the transmission of disease. They should take a more decided stand as to the right of the people to healthful atmosphere and good water. Cordial support should be given to all Health Departments in their efforts to stamp out contagious diseases. The lessons of moral prop-

hylaxis, etc., should be impressed on all our college students. Gonorrhea should not be looked on as merely a matter of hard luck to the sufferer, but shown up to be the forerunner of stricture, prostatic disease, rheumatism, and uterine and various pelvic troubles. Many foolish notions exist among the laity as to bacteria and their mode of action. The truth must be taught. Patients who have pulmonary tuberculosis should be told they have it, so that they can properly care for themselves. Finally, physicians should be absolutely truthful when certifying as to the cause of death in any case.—*Medical Record.*

Ocular Inefficiency and Some of Its Results.

E. M. Alger comments on the difference of opinion on the "eyestrain" question and the conflicting clinical reports which appear from time to time. This is due partly to lack of definition in terms. The problem of eyestrain is an individual muscular problem and the determination of the exact point where the physiological merges into the pathological depends not only on a proper estimate of ocular defects and individual capacity for compensation, but also on careful consideration of a number of variable factors, such as age, general health, and the conditions under which the eyes are constantly used. Aside from the fatigue arising from the constant use of overtasked muscles, there are several phenomena which seem to be the central results of strain. Then in addition there is a steady mental strain due to failing ocular compensation. Ocular headaches may be either accommodative or muscular. As a rule an ocular cause may be suspected in headaches which occur regularly and get worse in the afternoon, are increased by close work, and are relieved by rest and holidays. Chorea is another malady in which a dependence on ocular insufficiency has been suspected and an examination of the eyes is always advisable in persistent cases. So also in neurasthenia we may frequently find the exciting factor to be the overuse of eyes whose compensation is strained. That this factor exists in many cases of migraine is generally admitted. In such cases optical errors are often family traits, and they cause not only accommodative and umscular asthenopia but a mental exhaustion as well, from the constant necessity of interpreting disordered retinal images.—*Medical Record.*

Locating Fistulae.

H. A. Royster, Raleigh, N. C.(Journal of A. M. A., July 14), reports a case of fistula following celiotomy, the opening of which into the bowel could not be satisfactorily located on account of dense matted adhesions. All attempts to find the hole in the bowel were fruitless until at last, at the second operation for the purpose of closing it, he had the nurse pass a long rubber catheter up the rectum, and with the abdomen still open, he injected an ounce of hydrogen dioxid. As soon as this substance reached the sigmoid there was an effervescence, indicating the location of the fistula, which was grasped with forceps and closed with successful and permanent result. Excepting a somewhat similar operation, but different in some respects reported by Senn, he has not found any mention of this method of locating fistula on record.

The Protective Value of the Thyroid Gland.

The fact that an enlargement of the thyroid gland has been observed during the course of many of the infectious diseases makes it probable that this organ is also concerned in the protection of the system in addition to its other possible functions. Vincent (ref. in *Wiener klinische Wochenschrift,* No. 31, 1906) finds that in rheumatism there is also apt to be found a painful enlargement of the thyroid. Although true rheumatic thyroiditis is rare, the other condition referred to frequently constitutes a feature in the clinical picture of moderate and severe cases of acute articular rheumatism. The swelling and tenderness involve both lobes, come on during the early stages of the disease, and subside with the fever and the local ointpains, but return with every recurrence of the original trouble. In the milder attacks, as well as in the chronic cases, these changes in the thyroid are not observed. Vincent believes that the swelling in the gland does not merely denote an involvement of the organ in the rheumatic process, but is an expression of its increased function in the fight against the infection.—*Med. Record*

Some Cases of Hematuria.

(*Post-Graduate.*)

Cabot gives the following directions as to the cause and method of diagnosing the hematuria:

First. The probable origin of the blood. To aid us in the determination of this most important point we must rely on a careful history of the patient, past and present.

Second. A physical examination, including an inspection of his physique and general makeup, an examination of the heart and other vital organs, including a careful examination of the kidneys, pelvic organs, bladder, penis, testicles and scrotum.

Third. A rectal examination to determine the state of the prostrate, seminal vesicles and base of the bladder. If the patient be a woman a vaginal examination should be made. All this best be done *without* instruments.

Fourth. The patient if a man should now be instructed to pass his urine in three glasses. The character of the urine and its appearance in the different glasses will often help clear up doubt as to the origin of the blood. If from the kidney it is usually smoky and evenly distributed. This will, however, depend somewhat on the amount of hemorrhage and the length of time in the bladder. In kidney injuries with severe bleeding the color may be that of fresh blood. If of vesical origin, say due to a growth in the bladder, it usually appears more at the end of urination and is apt to be a brighter red. This is also so in certain cases of vesical calculus, prostatic hypertrophy and in severe cases of acute posterior gonorrhea. If the first glass contains most blood the rest being fairly clear we may conclude the blood comes from some point in front of the internal sphincter. The urine should be kept and examined microscopically.

Fifth. The next step is to explore the urethra and with a soft rubber catheter obtain urine directly from the bladder. In cases, however, of severe hemorrhage, in weakened and old people or in cases of acute urethritis this is contraindicated. The same rule us-

ually applies to suspected growths of the bladder. The danger to these patients of acting too quickly, should be avoided.

Sixth. The introduction of the cystoscope in sensitive patients can best be aided by the use of cocain by urethra and morphin subcutaneously. These two drugs act well together. General anesthesia is seldom necessary and has some disadvantages. In using the cystoscope we better employ both the prismatic and direct view types.

Determination of the Normal Temperature of the Closed Inguinal Fold of a Child and Its Clinical Significance.

(*Journal A. M. A.*)

Parks while appreciating the fact that the rectal temperature probably gives the most constant and reliable results states that in the vast majority of cases the external cavities of the body, as the axilla and the groin, if properly closed for a few minutes, soon approximate the internal temperature of the body. He made observations on 175 cases and gives the following as his summary:

a. The normal temperature of the closed inguinal fold of a child is 98.52 F. (37.5 C).

b. The variation of the inguinal temperature from the rectal temperature approximates one-third of a degree F. or two-fifths of a degree C., the average variation being .34 F. (.18 C). That is, the inguinal temperature is approximately one-third of a degree F. (two-fifths C.) below rectal temperature.

c. The usual variation between the temperature of the rectum and groin is so small as to be practically disregarded for clinical purposes.

d. The absence of many objectionable features of the rectal method and the ease and reliability of the groin method gives the latter several points of advantage over the rectal method. These advantages of the groin method would recommend it not only as applicable in hospital practice in pediatrics, but more especially in home practice among children.

Tubecular Peritonitis.

(*Medical Record.*)

Boncher states that to Murphy and the Mayos belongs the credit of demonstrating that in a large percentage of cases of tuberculous peritonitis with ascites, the foci of infection are in the Fallopian tubes and appendix. Acting upon the knowledge thus acquired, they have in their later cases removed the tuberculous tubes and appendix when so found, with the result that they have cured a large percentage of cases that were former only temporarily benefited by simple laparotomy. Mayo says, "Of the twenty-six radical tubal operations we have performed on cases of tuberculous peritonitis, twenty-five recovered; of these seven had been operated upon by simple laparotomy from one to four times previously. In not a single instance as yet has another operation become necessary, and as contrasted clinically with the preceding group of equal numbers, the favorable results are most striking. There is usually a temporary continuance of the peritoneal effusion, but reinfection has not occurred." The outcome where the appendix has been the seat of the trouble has been favorable

but not so brilliant as in the tubal form of the disease.

In conclusion we are forced to believe that tuberculous peritonitis, like septic peritonitis, has its origin in a local focus in nearly every case. Peritoneal reinfection may be prevented if we are successful in removing the local focus. Whether the patient will remain cured must depend upon whether the local focus thus removed is primary or secondary; if primary, we can hope for good results, but if secondary, it must depend upon the possibility of cure of the primary seat of the disease.

A Case of Intussusception Illustrating the Dangers and Fallacies of the "Inflation" Treatment.

J. L. Falconer reports the case of a male child of ten months with the usual symptoms of intussusception apparently reduced by the ordinary water inflation. The child was somewhat collapsed after the procedure, but recovered and passed nominal feces. A few days later the tumor was again felt, and was again reduced as before. Still again in a week a similar experience was gone through with except that the child began to develop a typical abdominal facies. It was removed to hospital and the abdomen opened through the right rectus muscle. A mass was found low down in the pelvis, and at first the invaginated gut was easily withdrawn, but a part was soon reached where the intussusception had sloughed through the intussuscipiens and was surrounded by a local peritoneal abscess. The mass was cut away and the divided ends of the bowel were fastened on the upper angle of the wound. A drainage tube was inserted down to the pus area. No cause could be found for the intussusception. The child collopsed ten hours after the operation and died. The operatin surgeon, E. D. Telford, declares that the inflation treatment is dangerous, uncertain, useless in any variety of the lesion beyond the ileocecal valve, and not applicable when once peritonitis has taken place. Early abdominal section is the most rational plan of treatment. Recovery after the throuble has existed thirty hours is very unusual in any event.—*Medical Record.*

The Diseased Tonsil as a Casual Factor in Respiratory and Gastric Diseases.

A. R. Solenberger firmly believes that diseased conditions of the tonsil in adult life are the cause of many respiratory and gastric disturbances. These conditions are often overlooked, but if one will thoroughly explore the tonsil and surrounding parts one will find that it is bound by adhesions, the caliber of the crypts is distorted, and material is imprisoned in their deeper recesses which undergoes decomposition and furnishes pabulum for bacterial growth whereby the resistance power of the esystem is lessened. The insertion of a probe into the deeper pockets of such tonsils is often followed by the escape of pus or grumous fiuid which is extremely offensive. Tonsillar symptoms are not always in evidence in such cases except that such organs are always subject to periodical attacks of inflammation, each one of which leaves the organ still more crippled and more potential for harm. Not alone on the respiratory and di-

gestive tracts are these deleterious effects exerted. The middle ear is often affected through the Eustachian tubes. In the air and food tubes nature endeavors to interpose a barrier to the absorption of bacterial products by a change in the character of the epithelium lining the respective channels, but this barrier is often surmounted. The latter portion of the paper is taken up with the question of the removal of such offending tonsils as those described. Every vestige of diseased tissue should be eradicated. —*Medical Record.*

Some Remarks on the Therapeutic Action of the Iodides.

J. Burnett passes in review some of the therapeutic indications established for the use of the iodides, especially the potassium salt. First, aneurysm, though we do not positively know its mode of operation. Administration by the mouth has, in the author's experience, but little influence on the pulse rate or arterial pressure. Various authors have suggested the iodides for arteriosclerosis, but its beneficial effects are probably due to its power of increasing elimination, thus enabling the blood to get rid or irritating substances, rather than to any power to reduce arterial pressure. The iodides tend to diminish the excretion of uric acid. In angina pectoris one should give at least from forty to sixty grains of the drug daily and keep up this quantity for a long time. In chronic respiratory diseases the iodides are one of our most valuable agents. In chronis rheumatism benefit is derived from the iodides by virtue of their effect on the uric acid excretion. They serve, too, as eliminatives in case of effusion, are of service in interstitial nephritis, though considerable of the remedy is necessary to serve as an efficient diuretic. In hepatic cirrhosis, metallic poisoning, and cases of goiter they are often of benefit.—*Medical Record.*

The Treatment of Pulmonary Edema.

The Therapeutic Gazette states that of the remedies which have been found to be most useful in pulmonary edema, it would appear that atropine, strychnine, morphine, and adreulin had acquired the greatest confidence of practitioners. Adrenalin cannot be used upon a rational basis since it raises arterial pressure throughout the systemic circulation, but does not produce a similar effect upon the blood vessels of the lung and therefore produces an engorgement of these vessels. Pulmonary edema is a symptom rather than a disease and treatment must depend upon a careful study of the patient's general condition. In those cases in which arterial spasm is present, nitroglycerin is probably invaluable; whereas in those instances where the arterial tension is abnormally low, nitroglycerin would seem to be contraindicated, and atropine and strychnine would appear to be the remedies of choice.

History of Our Knowledge of Aspiration Drainage in Empyema, and Surgical Conditions.

Surgery, Gynecology and Obstetrics.

Bryant gives the history of the aspiration treatment in empyema which began with Potans syphon in 1869 and his modification in 1900. His plan of treatment is to withdraw the fluid with a torchar and canela, the introduction of a rubber tube to which is

attached a collapsable rubber bag. The tube has a segment of glass, so that the passage of fluid along the tube may be noticed and a thumb screw to prevent the entrance of air during the emptying of the bag. In order to prevent the entrance of air through the external opening he uses either adhesive plaster, rubber tissue applied with chloroform at the borders, wet absorbent cotton, or oxide of zinc ointment, over this is applied a retention dressing. He states that the average time under treatment with this apparatus is from four to eleven weeks. He does not propose this plan as a substitute for rib resection but in cuses of single infection and those in which, for any reason, serious operation is objectionable, or other forms of aspiration is desirable it is commended.

Bacteriology of the Blood in Typhoid.

J. L. Hirsh, E. B. Quillen and W. V. S. Levy, Baltimore (Journal A. M. A., June 23), review the literature of the bacteriology of the blood in typhoid fever and report the results of the study of 100 cases in the University of Maryland Hospital. The blood was drawn from the superficial veins of the arm and the cases are elaborately tabulated. Their conclusions are, in substance, as follows: The typhoid bacilli are present in the blood at some time during the course of every case of typhoid fever and the invasion is usually early in the disease. They usually disappear from the blood by the end of the third week. Relapse is associated with the re-invasion of the blood by the organism. Bacteriologic blood examination in typhoid is a valuable aid to diagnosis in obscure cases.

Some Remarks on the Diet of Childhood.

(*The Therapeutic Gazette.*)

Miller states that the following principles should underlie any dietetic scheme for children: 1. It should be simple, wholesome, attractively prepared, and properly adapted to the needs of the particular child. 2. It should not be too restricted. 3. It should be varied and free from sameness. That if he felt inclined to criticise the diet lists for children it would be on the score of sameness and want of liberality. That children have tastes and instincts as well as adults; and these must be respected, if we would nourish them satisfactorily. It is the children of the rich and well-to-do that are most liable to suffer from too careful a dietary. Nusery, guides and similar books do not sufficiently insist that they are merely pointers. In outlining and dietary scheme for children, the social position, as well as the pecuniary, circumstances, of the family must be taken into account. The mistress' knowledge of the art of cooking will also influence us in the kind foods we suggest. In advising a liberal diet for children he is fully aware that the tendency of people to err in this direction is greater than the reverse. Remember in feeding a child the simplest and most digestible meats and vegetables should first be given and other articles should be successively added, until the ordinary diet of adults of its class and station is arrived at.

Sodium salicylate is a most meritorious drug in cases of tonsilitis presenting the rheumatic diathesis. Guaiac is also applicable, both as a gargle and as a constitutional remedy.

NEWER MATERIA MEDICA.

Spraying for Diseases of the Respiratory Passages.

Dr. David Walsh, senior physician to the Western Skin Hospital, London, writes: Glyco-Thymoline was brought to my notice as an excellent lotion for nasal and oral sprays and washes. On due inquiry it was found to fulfill the two conditions usually recognized by medical men in the United Kingdom as vouching for the character, so to speak, of such a preparation. First, its advertisements are accepted by our three leading journals, the Lancet, British Medical Journal and the Medical Press and Circular. Secondly, its composition is not a secret, its formula being freely published. Under these circumstances I determined to try the effect of this preparation in a few suitable cases. As a general antiseptic that does not coagulate albumen and is non-irritant, deodorant and practically non-poisonous, Glyco-Thymoline has clearly a wide range of usefulness. My own observations, however, have been practically confined to its use in the nose and mouth, with results that have proved satisfactory in every instance, especially in acute coryza, pharyngitis, influenza and septic conditions of the mouth.

Dr. W. H. Barnett, of Huffins, Tex., in the Alkaloidal Clinic for November, 1904, says: I am satisfied that ecthol a combination of echinacea and thuja, will prevent the sting of bees from hurting him. Let him take dram doses every hour for three hours before he commences to work with them. The reason for the faith that is in me is this: They used to hurt me. Last summer I was taking it for a skin disease and while under its influence I was stung by a wasp on the face and neck. When stung I started to the house to get something to stop the pain and swelling that I expected to suffer with, but instead of pain and swelling, as heretofore when stung, there was no more of either than a mospuito or gnat would have caused.

A Fair Test of Calcalith.

From Dr. Towland down in Texas comes the statement: "There's nothing surpasses Calcalith (Abbott). I gave it a fair test two weeks ago in a patient who had cystitis, prostatitis, urethritis and gonorrheal rheumatism and was passing "matter" (pus and blood) with his urine. He surely was in a bad condition, but Calcalith with other alkaloidal remedies (calcium Sulphate and tonics) soon brought him around all right."

The Children's Laxative.

Cascarenna a Sweet and Pleasantly Flavored Preparation—Exactly What the Practitioner Needs

In his perplexity of choosing just the laxative or purgative he wants for a child, particularly for an infant, the physician will find that Cascarenna affords a most satisfactory solution of the question.

Cascarenna has several commendable properties that other laxative compounds do not possess. It is agreeable to children, being sweet and pleasantly flavored. There is no difficulty in getting them to take it, a point that mothers and urses appreciate thoroughly. It is a happy combination of

well-tried laxatives and gentle purgatives; hence it is not an experiment to prescribe Cascarenna for the first time. It does not gripe or derange the digestive system; and owing to the presence of cascara sagrada it has a tonic laxative action that imparts to it double value in the treatment of t heconstipation of infancy and childhood. Finally, Cascaraenna is a thoroughly efficient and reliable therapeutic agent, from which the practitioner may confidently expect only the most satisfactory results.

Each fluidounce of Cascarenna represents:

Cascara Sagrada, 40 grains.

Senna, 120 grains.

Potassium and Sodium Tartare, 24 grains.

Chenopodium, 8 grains.

Pumpkin Seed, 8 grains.

Sodium Carbonate, 4 grains.

Agreeably flavored with aromatics.

The dose for a very young infant is 5 to 10 drops; a child one year old may take 10 to 20 drops; older children 20 drops to one teaspoonful, according to circumstances.

Cascarenne is prepared by the well-known house of Parke, Davis & Co., which is a guarantee of its reliability.

BOOK REVIEWS.

A Manuel of Otology, by Gorman Bacon, A. B., M. D., Professor of Otology in the College of Physicians and Surgeons, Columbia University, New York; Aural Surgeon, New York Eye and Ear Infirmary. With an introductory chapter by Clarence John Blake, M. D., Professor of Otology in Harvard University. Fourth edition, revised and enlarged. Handsome 12mo volume of 485 pages, with 134 illustrations and 11 plates. Price, Clo. $2.25 net. Lea Brothers & Co., Publishers, New York and Philadelphia, 1906.

In the rapid exhaustion of three revisions of this work the profession at large, as well as teachers of Otology have come to recognize and appreciate it as "The Standard Manual" of the subject on which it treats.

The Author in this new edition has improved and added to the illustrations and has found it necessary to increase the number of pages to enable him to include all the important advances made in Otology since the publication of the 3d edition.

Among the new topics considered may be mentioned Osteomyelitis, Primary Jugular Bulb Thrombosis and Suppurative Inflammation of the Labyrinth, while the portions treating on Leucocytosis, Lumbar Puncture and the Treatment of Facial Paralysis, have been entirely rewritten.

In view of the importance of the examination of pus, especially in suppurative middle ear disease, the method of preparing smears from pus, the making of cultivations and the physiological inoculation experimentation will be found carefully considered in an appendix at the end of the volume.

Rhythmotherapy, or a Discussion of the Physiologic Basis and Therapeutic Potency of Mechano-Vital Vibration; to which is added a Dictionary of Diseases with Detailed Sugges-

tions as to the Technic of Vibratory Therapeutics, with Illustrations. By Samuel S. Wallian, A. M., M. D., Chicago. Ouellette Press. Price $1.50 net, postage 10 cents.

Mechanical Vibration as remedial measure has now won a very respectable recognition. The literature on the subject to date is desultory and unsatfactory. This author, with something of an iconoclastic spirit, sets out with a curt and incisive protest, in lieu of a preface, and at once plunges into his argument.

Nature is an epitome of rhythmic reiteration; health is essential physiologic rhythm; disease is arhythmic vital vibrations; death is the final interruption of these vibrations. Heat, light and chemiam are not primary forces; they are results of the real primary cause—vibratory impulse. All the so-called natural forces are resultants of this same vibratory motion. Electricity is an example. It does not generate either power or motion. It is itself guaranteed. It is a modality of motion. Life and matter are both conditions. The character of each depends on the velocity of the vibrations through which it originates. A certain rate begets a vermis; another and higher rate produces a viper, a vertebrate—a vestryman. There is no necessity for the "Missing Link." Mechanical Vibration is not a new method of applying manual massage; its claims as a legitimate, logical and scientific therapeutic measure are unquestionable. In his "Digression on Diet" the author reads the profession a deserved and much needed lecture on the prevailing carelessness, indifference and ignorance of the average medical man concerning the all-important subject of diet. The reader may resent some of the specifications of the sweeping indictment, but in the end will plead guilty to the general charge.

A "Dictionaray of Diseases" intelligently discusses the technic of vibratory treatment, and as a whole the volume is a valuable and much needed contribution to the subject. The author has something to say and says it in trenchant words, without circumlocution or undue reference to immature and biased opinions. Its perusal will be an inspiration to many who have as yet given scant or no attention to the subject.

Hare's Therapeutics. A Text-book of Practical Therapeutics. Eleventh Edition, Revised to Conform with the Eighth Revision of the U. S. P. With especial reference to the application of remedial measures to disease and their employment upo na rational basis. By Hobart Amory Hare, M. D., Profes- of Therapeutics and Materia Medica in the Jefferson Medical College of Philadelphia. With special chapters by Doctors G. E. DeSchweinitz, Edward Martin and Barton C. Hirst. Handsome octavo of 908 pages, with 113 engravings and 4 colored plates. Cloth, $4 net. Leather $5 net. Half Morocco $5.50 net. Sent carriage paid to any address on receipt of price. Lea Bros. & Co., Publishers, Philadelphia., New York.

Publishers Notes Dr. Hare possesses the invaluable faculty of intuitively discriminating between the important and the unimportant, between the practical and the impractical. This is what every physician and student most desires to learn, and everyone also wishes to be spared the labor of

sifting for himself. It is not surprising that the writings of an author who tells his readers just what they want to know, and who puts facts directly and simply, should be in great demand. Hare's Therapeutics, for example has come to its eleventh edition in fifteen years. What this means may be gathered from the fact that each edition has had to be put to press several times to satisfy requirements. Such rapidity of sale has enabled the author to keep his book always abreast of the times, a most important matter in so progressive a subject as Therapeutics. In the new edition just at hand it has been thoroughly revised to accord with the new U. S. Pharmacopœia (Eighth Decennial Revision).

The plan of the work is ingenious and most convenient. In its first half is given a succinct account of Drugs, Food and Diet, and Remedial Measures other than Drugs: the second part gives a complete list of diseases with the best accepted treatment. Each part is arranged alphabetically, and every section is cross-referenced, so that full information on any subject can be found quickly and without trouble. In addition to a very full General Index, there is an Index of Diseases and Remedies, giving suggestions and indications for treatment, with page references to the fuller information in the body of the volume.

Each edition of this work means a thorough revision. Every discovery of worth, every really useful new method or remedy is embodied, so that Hare's Therapeutics has come to be synonymous with up-to-date knowledge of remedies, medicinal or otherwise.

GRAY'S ANATOMY. New Edition, Revised, Enlarged and Re-written. Descriptive and Surgical. A TEXT BOOK OF ANATOMY by HENRY GRAY, F. R. S., Lecturer on Anatomy St. George's Hospital, London. New American, from the Fifteenth English, Edition. Thoroughly revised and largely re-written by J. CHALMERS DACOSTA, M. D., Professor of Surgery in Jefferson Medical College, Philadelphia, with the collaboration of a cirps of specially selected assistants. In One Magnificent Imperial Octavo Vol. of 1,600 pages, with 1,132 illustrations in black and colors. Price, with illustrations in black and colors: cloth, $6, net; full leather, $7, net. Price, with illustrations in black: cloth, $5.50, net; full leather, $6.50, net. For sale by all dealers in Medical Books or sent carriage paid to any address on receipt of price. Lea Brothers & Co., Publishers, Philadelphia and New York.

In this revision of Gray's Anatomy the editor has endeavored to reflect the development of the subject since the last edition, and to accomplish this without sacrificing the practical and didactic characteristics for which the book has always been noted. In order that it might represent the world's best knowledge, American, English, French and German anatomical works have been freely consulted, proper credits being given to the original source.

The new momenclature has been introduced in parentheses, following the names still currently used in English-speaking countries. This system of coupling the current and the new names answers the needs of all students and will facilitate the adoption of the new nomenclature, which is to be

desired on account of its simplicity and accuracy.

Although Gray has always been notable for the extent and elaborateness of its illustrations, this new edition considerably exceeds its predecessor both in the number of engravings and in the use of colors. The series now aggregates over eleven hundred, of which about five hundred are new in this edition. Acknowledgement is due to Spalteholz, Testut, Gerrish, Cunningham, Poirier and Charpy, and Toldt for originals, which have been engarved in the style characteristic of Gray, and not infrequently modified.

In this edtion the special articles on Histology and Embryology, hitherto placed at the end of the book, have been eliminated. The extent and importance of these great subjects have lead to the creating of special chairs, and it seems desirable that the textbooks to be used should be those written by men who have devoted themselves to these specialties. No single volume can nowadays offer adequate instruction on Anatomy, Histology and Embryology, and to attempt it would be unwise. The bearings of Histology and Embryology upon Anatomy are germane to it and important, and these the Editor has endeavored to include by resumes in the text. The excellent surgical notes by Mr. Pick have been retained, with modification to accord with the most recent views.

A few expressions of opinion regarding Gray's Anatomy:

I. N. Broomell, M. D., Pennsylvania College of Dental Surgery, Philadelphia: "The book is far and away ahead of any other Anatomy (general) in my possession and I want to congratulate you and Dr. DaCosta."

Harrington Harr, M. D., Vanderbilt University, Medical and Dental Departments, Nashville, Tenn: "In my opinion Gray's Anatomy is the best text-book on Anatomy now published for the student, because of its arrangement, simplicity, clearness and thoroughness of description."

M. L. Todd, M. D., Baltimore Medical College, Baltimore, Md.: "It meets the requirements and will be, as before, the best Anatomy to teach from."

Claire W. Murphy, M. D., University of Southern California, Los Angeles, Cal.: "This has all that Dr. Keen had in his admirable edition with all the new facts in Anatomy which have been brought forward since that time. It is certainly a credit to the American medical profession, and we should feel proud of Dr. DaCosta."

John M. Wheeler, M. D., University of Vermont, Medical Department, Burlington, Vt.: "I am greatly pleased with it and very glad to use it in the preparation of my college work."

Daniel LaFerte, M. D., Detroit College of Medicine, Detroit, Mich.: "It is a great work. I have used Gray in my classes for a long time."

M. Kuznik, M. D., Jenner Medical College, Chicago, Ill.: "I have given my students to understand that Gray's Anatomy is perhaps the most satisfactory."

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Henry C. Boeaning, M. D., Philadelphia Dental College: "Being familiar with Gray for thirty years, I am perhaps in a good position to judge of the merits of the new edition. It is conced-

ed that whereever a work on Anatomy is required that Gray is easily the first book of its kind in the world. The successive editions have ever increased in excellence. I wish to congratulate you on the superiority of your publication, both typographically and in subject matter."

William Francis Campbell, M. D., Long Island College Hospital, Brooklyn, N. Y.: "I have long used Gray as a text-book for my students and consider that for that use there is none better. I am delighted with the present revised edition; which has been so thoroughly done by Dr. DaCosta. Both he and the publishers are to be congratulated upon the production of so complete a work."

James A. Gibson, M. D., Medical Department, University of Buffalo, N. Y.: "It is a great advance over any edition hitherto gotten out and you are especially to be congratulated on the profusion and quality of the illustrations. The Lymphatics are especially good, and the Sympathetic System is much clearer than in previous editions, and well adapted to the use of the student."

R. W. Bryan, Kentucky University, Departments of Medicine and Dentistry.: "The text-book which we recommend exclusively in Kentucky University."

PROGRESSIVE MEDICINE. Vol. 3. A Quarterly Digest of Advances, Discoveries, and Improvements in the Medical and Surgival Sciences. Edited by HOBART AMORY HARE, M. D., Professor of Therapeutics and Materia Medica in the Jefferson Medical College of Philadelphia; Physician to the Jefferson Medical College Hospital; One Time Clinical Professor of Diseases of Children in the University of Pennsylvania; Member of the Association of American Physicians, etc. Assisted by H. R. M. LANDIS, M. D., Visiting Physician to the Tuberculosis Department of the Philadelphia Hospital, to the White Haven Sanatorium and to the Phipps Institute; Demonstrator of Clinical Medicine in the Jefferson Medical College. Diseases of the Thorax and its Viscera, Including the Heart, Lungs, and Bloodvessels—Dermatology and Syphilis—Obstetrics—Diseases of the Nervous System. Lea Brothers & Co., Philadelphia and New York, 1906.

One of the notable features of the October Everybody's is the opening instalment of Jack London's new serial, "Before Adam." This promises to be the literary sensation of the year. All of the author's daring and virility of style are there, and yet neither Mr. London nor any one else has ever before attempted such a venture into the realms of fiction.

The same number of Everybody's contains an unusual array of special articles of far-reaching interest. Chas. Edward Russell continues his series, "Soldiers of the Common Good," with a vitally interesting presentation of Labor's political ascendency in Australia. A stone-mason is a premier, day-laborers are running parliamentary committees, and Mr. Russell studies the results of their administration.

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Surgical Suggestions.

A primary tumor of the lateral abdominal region in infants and young children is usually a sarcoma of the kidney.

"Egg shell crackle" elicited in palpating a tumor of the cranial bones is diagnostic of sarcoma originating in the diploe.

In differentiating shock and concealed hemorrhage *progressiveness of the symptoms* is very significant of continued bleeding.

In urgent cases a high tracheotomy should be performed, not a low tracheotomy. The former can be done very rapidly; the latter requires considerable dissection.

A pulsating swelling in the midline of the abdomen should not be too quickly accepted as an aneurism of the aorta. It may be a retroperitoneal tumor.

In determining whether or not to operate after injuries to the head, a surgical judgment of the case is usually better than one based strictly on the application of neurological rules.

Marked tenderness over the lower end of the radius, after traumatism, without deformity, is suspicious of fissure of the bone. Mobility or crepitus may be obtainable.

In cases of chronic appendicitis, if an examination be conducted with the patient in a hot bath (105° F.), the thickened appendix may often be felt to roll under the finger.

In post-operative collapse if, after studying the symptoms, there be doubt whether the condition be due to shock or to concealed hemorrhage, the wound should be opened and bleeding sought for.

Non-specific urethal discharges in young boys may be due to foreign bodies introduced while masturbating.

In fractures of the anatomical neck of the humerus, examine carefully for injuries to the brachial plexus.

Before operating for sarcoma examine the lungs carefully. Do not operate if the patient has persistent cough and blood-stained sputum (not due to tuberculosis), even though no definite signs are found in the lungs—a metastasis has developed.

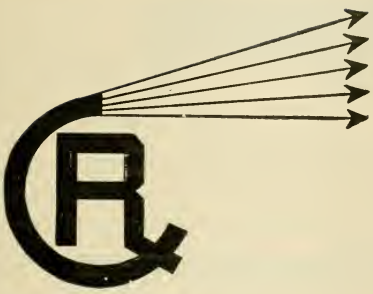
Restlessness, increasing pallor, increasing air-hunger, increasing weakness of the pulse, falling temperature (subnormal), and the ephemeral effect of stimulation, all point to hemorrhage rather than shock. In addition, there is often some local sign or symptom.

Whenever we meet with a movable, sausage-shaped mass in the abdomen, with a history of chronicity, it is well to think of the possibility of its being a case of hyperplastic tuberculosis of the intestine. This diagnosis will be rendered more suggestive if there are definite signs in the lungs.

A fluctuating swelling appearing between the ribs may, of course, be tuberculosis or syphilitic in origin, but it may also be an extension of an intrathoracic growth, *e. g.*, dermoid cyst of the mediastinum. In all such cases, therefore, a careful examination, by auscultation and percussion, should be made.

The tenderness in appendicitis may not be (probably usually is not) just at McBurney's point. The base of the appendix is, however, usually at, or near, that point. The site of greatest tenderness is often over the tip of the appendix. A line drawn between that site and McBurney's point will many times represent the general direction in which the appendix is lying.

—*American Journal of Surgery.*



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48 South Tryon Street. Opposite Buford Hotel.

Commander-in-Chief Tanner, of the Grand Army of the Republic, has recently expressed the opinion that the passage by Congress of an act abolishing canteens from national soldiers' homes after next March was "unwise and a blow at real temperance, besides a restriction of the personal liberties of veterans of the Civil War that ought to be resented."

Eczema of the breast should always be viewed with suspicion, for it may be a symptom of Paget's disease and precursory to cancer. In these cases the growth may for a long time appear as a superficial ulcer, and thus lead to errors in diagnosis.—*International Journal of Surgery.*

Dr. W. C. Galloway, of Wilmington, has sold his eye, ear, nose and throat practice to Dr. H. O. Hyatt, of Goldsboro. Dr. Galloway retires to his farm in Edgecombe county. Dr. Hyatt moved to Wilmington occupying the offices of Dr. Galloway on Oct. 1.

Katharmon is the ideal antiseptic which is non-irritating and an excellent deodorant. It is the remedy most particularly indicated in foul ulcers and in all those suppurating conditions attended by a disagreeable odor. It not only destroys the bacteria, but it acts as a mild stimulant and promotes the rapid healing of the tissues. A full size bottle free to any reputable medical man who will pay the charges.

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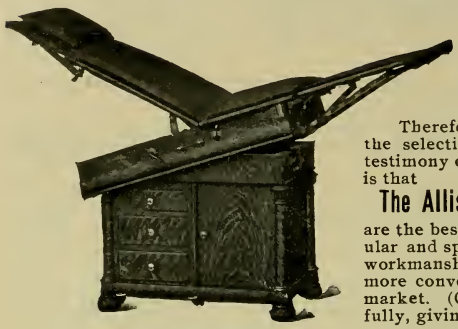

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The "jungle" has been found in England, France, Japan, and, indeed, in all countries where a search has been made for it, and America, so far from being the worst or only sinner against packing-house hygiene, is now shown merely to have been the first to expose and correct the evil, says the Medical Record. One of the latest to investigate home conditions and to find them bad is Prussia. A despatch from Berlin says that the Government Medical Department has issued a report on the sanitary conditions of the Prussian bakeries and slaughter-houses, in which it is set forth that many of the butchering establishments were found to be in a very unclean condition. Some of them were situated in dark cellars, where cleanliness was impossible, and others had no facilities for the employees to wash themselves. The government inspectors found the conditions in the bakeries to be particularly objectionable. In one town boys kneaded the dough with their feet, and one bakery was found to be occupied by cats and hens. In another town a baker's oven served *ad interim* as a goose pen. One baker admitted that his floor and vats were scrubbed only once a year.—*Medical Age.*

The South Carolina quarantine stations have been transferred to the general government, and will in future be under control of the U. S. Public Health and Marine Hospital Service. The transfers are in the form of leases for five years at the nominal rate of five dollars per annum.

After many years of delay a marine hospital will be erected in Pittsburg, in the grounds of the Alleghany Arsenal.

The consumption of drugs in the war carried on in the Far East is one of importance. Quite early in the war upward of 100,000 ounces of quinine were demanded, and stacks of bismuth subnitrate and sodium salicylate were exhausted. Fifty thousand large cases of medical supplies were shipped from Japan at one time. The demands for adhesive plaster, gauze, cotton, and other surgical dressings were enormous, and supplies difficult to procure. Two million pills a day were supplied by the army's tablet and pill works of Japan. The government of Japan purchased all of the available stock of beechwood creosote, which was made into pills, and each soldier was required to take one a day to prevent dysentery. Each soldier carried a tin containing 90 pills, and they were labeled "Russian Expedition Pills." The government of Japan at one time purchased one hundred thousand pounds each of carbolic acid and corrosive sublimate. These supplies were obtained mainly from Great Britain and the United States. Every item was examined by experts and had to be in accordance with the army pharmacopœia. —*Red Cross Notes.*

The health officers of London have, says the Medical Record, formulated regulations regarding the importation of canned goods, which provide that the name and address of the manufacturer and the date of canning be impressed on all tins; that one per cent. of each consignment shall be opened on importation and examined before the goods are marketed; and that food intended for canning shall be inspected by an independent official prior to being canned. The use of preservatives is strictly prohibited. The Bundesrath of Germany has voted to prohibit the importation of pickled meats unless lymphatic glands are present to make trustworthy examination of the meat possible.

The second annual course of lectures given by the Harvey Society of New York will be opened on October 20, 1906, by Prof. A. E. Wright, of London. Ten lectures are to be given during the year, the lectures and dates being as follows: October 20, A. E. Wright; November 3, C. A. Herter; November 17, W. T. Porter; December 1, J. G. Adami; December 15, Geo. Huntington; January 12, F. J. Benedict; January 26, E. B. Wilson; February 9, S. J. Meltzer; February 23, W. T. Councilman; March 9, Friedrich Muller. The officers of the society for the coming year are Graham Lusk, president; Simon Flexner, vice-president; F. S. Lee, treasurer; Geo. B. Wallace, secretary; and C. A. Herter, S. J. Meltzer, and James Ewing, councilmen.

London is about to adopt the ambulance system. A bill providing for the purchase of ten automobiles for such use has just passed the House of Commons, and it now rests with the upper branch of Parliament whether the old method of conveying injured persons to hospitals by means of portable stretchers will be supplanted by the modern apparatus.

The Indiana State Board of Health has decided to incorporate in its hygienic cautions to school-children the recommendation neither to kiss nor to be kissed on the mouth.

Dr. W. E. Fitch, editor of Gaillard's, a native North Carolliian, was a student at the medical department of the University of New York, where he attended his first course of lectures, graduating in medicine from the College, of Physicians and Surgeons in 1891. Since his graduation his desire has been, some day, to locate in New York City. In 1901 he and the lamented I. N. Love formed a copartnership to practice medicine and to jointly unite their forces in medical journalism. With the expectation of the consummation of this association with Dr. Love, Dr. Fitch at once complied with all the laws and legal requirements of the New York statutes governing the practices of medicine, secured his license and had same registered in the New York county clerk's office in January, 1902, expecting to move to New York City in October of the same year, but the unexpected and untimely death of Dr. Love in June, 1902, for the time being disconcerted his plans. Dr. Fitch has just associated himself with J. Adelphi Gottlieb, M. D., M. A., LL.D., of New York City, where they will have offices at No. 21 West 97th St. Dr. Fitch and his family will live at the LaFayette, 320 Manhattan Ave., opposite Morning Side Park.

The removal of the owner and editor of Gaillard's to New York does not mean that the journal will be transferred from the South to the great city of New York, although it was edited and published from the latter city from October, 1879, to October, 1904—just 26 years. On the contrary, it will remain a distinctive Southern publication, striving, always, as it has for the past forty years, to represent the entire medical profession of the Southern States, which has contributed greatly to its success since its foundation in January, 1866.

The policy of the journal will be broadened along all lines, and, with its editor in New York City, the greatest medical center in this country, and in close affiliation with the great hospitals and clinics, where even the air is permeated with professional inspiration and keen business sagacity, he hopes to produce a journal which will be an honor to the profession and worthy of a continuation of its honorable brilliant past and long successful career.

The editorial policy will be dictated and directed from New York with a carefully selected staff of collaborators, representing the best element of the profession from the important medical centers of the North and South. With a strong editorial staff and aggressive business management at Savannah, the office of publication, Gaillard's will continue to make itself more and more of a necessity to the busy practitioner.

Gaillard's Southern Medicine will be published simultaneously in New York and Savannah. On and after October 1st all communications for the editor should be addressed to Dr. W. E. Fitch, No. 21 West 97th St., New York City, U. S. A. All business communications, remittances, exchanges and books for review to Gaillard's Southern Medicine at the above address.

Tumors of the brain frequently simulate, in their earlier stages, diseases of the stomach.—*Amer. Jour. of Surgery.*

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Frequently referred to the surgeon because of the constant pain and marked tenderness, is to be noted a group of cases of what might be termed *occupation wrist pain*. They differ from the ordinary case of "writer's cramp," "piano-player's cramp," etc., in that, while these latter frequently have pain in, or about, the wrist, the cases here referred to have no spasm, the pain is constant, and it is not of a neuralgic character. Sometimes it radiates along the thumb (as in mail-openers); sometimes it is localized to the inner border of the lower end of the ulna, which is very sensitive to pressure (as in shirt-ironers). The fingers are free. There may be pain in the forearm muscles (flexors).—*American Journal of Surgery.*

Colchicum in minute doses will be found a prompt remedy in persistent vomiting. Usually that caused by disorder of the stomach or bowels, especially that of cholera infantum.

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An inexpensive and efficient aspirator may be devised as follows: A 5-pint bottle is fitted with a rubber cork, through which passes a glass tube to which is attached an aspirating needle. When wanted for use, 3 drams of alcohol are poured into the bottle, and the bottle is rotated and tilted so that the fluid will wet every portion of the bottle; the excess is then poured out. The alcohol is then ignited, and as the flame reaches the bottom of the bottle, the cork is inserted, and the rubber tube is clamped across with a pair of hemostatic forceps. This furnishes sufficient vacuum to aspirate any safe amount of fluid. The entire apparatus will not cost over fifty cents. It is in use in the New York Hospital.—*Med. Rev. of Rev.*

The Susceptibility of the West Indian Negro to Disease.

According to the Army and Navy Journal for July 28, 1906, Col. William C. Gorgas, Medical Department, United States Army, Chief Sanitary Officer of the Panama Canal Zone, reports as a result of his observations the interesting conclusion that the rigorous sanitary measures instituted by the American authorities in the canal territory render the Jamaica negroes employed there peculiarly susceptible to pneumonia and other affections of the lungs and throat. It is explained that the West Indian negroes, not being accustomed to an abundance of fresh air, clean quarters, and a proper diet, become extremely sensitive to changes of temperature when subjected to strict health regulations, and that consequently the Jamaica negroes are not likely to prove as efficient in canal construction as it was originally believed they would be. Governor Magoon, of the Canal Zone, Chief Engineer Stephens, and Mr. Shontz, chairman of the Canal Commission, all agree that the West Indian negroes cannot be induced to eat sufficient wholesome food to keep them in sound health, and they add that lack of lung capacity and sufficient nourishment, rather than laziness, are responsible for the inability of the West Indians to do an amount of wark equal to that done by white laborers from Spain.—*Boston Med. and Surg., July* 26.th.

True to his promise made to the International Congress on Tuberculosis in Paris last autumn, Behring announces, according to the Medical Record, that the new remedy is ready for delivery in small quantities to clinicians who are in position to make satisfactory tests. He is not ready to put the remedy on the market, as it has not yet been sufficiently tested, but hospital physicians will receive it in small amounts free of charge. The remedy, which is called tulase, may be given hypodermically or per os.

Etiology of Perityphilitis.

(By A. Rose, M. D , New York)

[The Doctor uses this word instead of the current one, appendicitis. He says, "The Greek word, and it is a good anatomical name, is perityphlitis. Paratyphlitis is phlegmon of the retrocæcal connective tissue which fastens the cæcum and colon to the fascia iliaca."—Ed. Council.]

Among the burning questions in medicine of the present time, that of the etiology of perityphlitis occupies a

prominent importance, and is of paramount practical interest. Some writers speak of an epidemic nature of the appendicular inflammation, since it is of apparently more frequent occurrence in recent times, and a fear is entertained of progressive frequency. In reality, however, such fear is groundless. Inflammation of the appendix it not a new disease, for it has existed since time immemorial. The increase in the number of cases which come under observation is explained by the better knowledge, the perfected diagnosis.

Among all the probable and improbable causes which are spoken of, there is one which has been overlooked, although it is certainly the most plausible of all. In the book "Atonia Gastrica"[1] and in a paper "Atonia Gastrica in Relation to Chololithiasis,"[2] evidence is furnished that there exists a relation between abdominal relaxation and perityphlitis.* In the latter paper the writings of Groddeck, of Baden-Baden, are quoted, which confirm in detail all that has been said by Dr. Clemm and myself on these relations. The anatomy of the abdominal wall as given extensively in the paper mentioned explains that there must be a relation of abdominal relaxation and perityphlitis. The acute, crosswise, fibrous arrangement of the three flat muscles of the abdominal wall, with their fasciæ and tendons, serves to effect a narrowing of the cylindrical abdominal cavity, and the rectus abdominis supports the effect of these three flat muscles, the two obliqui and the transversus. The physiological function of these muscles with their fasciæ and tendons is to preserve the physiological position of the abdominal viscera, simultaneously regulating the movements of the fluid contents of the viscera, the secretions, and to control to some extent the abdominal circulation and inervation.

When the abdominal wall becomes atonic, when there are relaxed, diastatic, elongated, muscular fibers, and the flaccid fasciæ of the linea alba, lineæ semilunares and fascia transversalis, it can no longer support the viscera wholly or partly, nor control their functions, with the consequence that these organs must leave their normal position and sink down. Such ptosis is conducive to many pathological conditions, such as gastric disorders of anomalous secretory as well as motoric functions, it affects the peristalsis, leads to intestinal complaints, nutrition will sooner or later be impaired, stagnation of bile can generally be traced to gastroptosia, and the latter is most certainly connected in many cases with uterine troubles; in short, all pelvic organs, the stomach, the intestines, kidneys, liver, uterus, may be involved in different ways by gastroptosia.

The reflex effects upon innervation, and even upon the nerve centre, are many. Especially the circulation is impaired, because the changed mechanism of the entera and their malposition interfere with the circulation by strangulation of the vessels, it also makes itself felt at the nerve trunks and ends, and under circumstances may cause pain. Many cases which have been diagnosticated as hysteria, neurasthenia, or nervous dyspepsia, are nothing but manifestations of atonia gastrica.

Abnormal forces of pressure and traction, which make themselves felt in the relaxation of the abdominal walls, that is atonia gastrica, have been investigated too little in regard to their pathological and nosological importance,

while the forces that may be turned to account in order to regulate abnormal pressure and traction have not met with sufficient therapeutic recognition. The enthusiasm entertained for bacterial, chemical or toxic processes has caused modern medicine to forget almost entirely the importance of mechanical conditions. The effects of pressure and traction upon the abdominal organs play a greater role in the etiology of various diseases than has hitherto been recognized.

The importance attaching to the stagnation of feces, gas, blood and juices at the point where the small and large intestine meet is best shown by the acute as well as chronic infections which there occur; in other words, by the frequent occurrence of perityphlitis. A thorough study of the preliminary conditions of all these pathological states will lead to a recognition of the importance of atonia gastrica and its treatment, the only rational treatment by plaster strapping. The assumption readily suggests itself that the treatment of gastroptosia by a plaster bandage may be the prophylactic measure to prevent perityphlitis and even to secure a radical cure in many cases in which there is an operation not urgently required. Here we have a scientific foundation for treatment at least, a prophylactic measure which is to be considered seriously.

[1]Atonia Gastrica, by A. Rose and R. C. Kemp. Funk & Wagnall's Co., New York, 1905.

[2]Post Graduate, June. 1906.

*The relation of influenza to perityphlitis, which has been spoken of, can only be an indirect one; influenza, like other infectious diseases, may lead to atony, and atony favors perityphlitis.

Why Should the Medical Profession be Thoroughly Organized?

(By C. A. Boice, M. D., Councilor Fist District, Washington, Iowa.)

Medicine is defined by Gould as being the science and art of preserving health, and preventing and curing disease.

Can there be any rational reason why those engaged in so honorable a calling should not band together? In 1902, about 33,000 physicians in this country belonged to some medical society; 77,000 had no such affiliations. In 1906, about 60,000 physicians are affiliated with the American Medical Association. The organiaztion of the profession is not a trade union; aiming, to stifle ambition, to obviate competition to minimize individual effort, or to raise prices without giving value received.

I. Professional Protection—Generally speaking, practice makes perfect; not so in medicine. Medicine is a progressive science, and there can be no progression without united effort. The solitary worker becomes narrow, bigoted, prejudiced, and soon falls to the rear. No profession is more disgraced by imitators.

The State Board of Health and Medical Examiners should be the active supporters of and be actively supported by the entire medical fraternity.

We should be active in enforcing the present medical laws, and strive by all reputable means to have more specific and comprehensive laws passed. Medical impostors should be driven from the State.

Special efforts should be made to have only reputable and honorable phy-

Abstract of Paper Read before the Washington County Medical Society, May 1906.

sicians in places of honor and trust. The State Medical Society should be the sponsor of all physicians in official position. Boards of health can only be valuable to the public when they are composed of men who are true to the best interests of their profession.

How long will physicians be referred to as a "set of—fools?"

II. Business Methods—No profession is more exacting in its requirements, expensive in the preparation for and establishment of, and none are more poorly paid than are its devotees. If medical services are worth having they are worth paying for. Charity should be dispensed when indicated, but pauperism should never be encouraged. Every community should have its fee bill. This should be reasonable and expressive of the value of the services rendered. The black list is necessary to get rid of that class of humanity which is so prolific in promises.

Lodge and contract practice is to be deplored. It is an insult to an honorable profession to ask it to do an uncertain amount of work for a definite and small fee.

Insurance Fees—While the president of the company travels in Europe, the agent gets a fat per cent. of the premium, the physician who does the only scientific work in the combination gets $1.00, some times he gets $3.00 and is then looked on as a bloated capitalist. Insurance companies will get just what they pay for and no more. Look over the mortality list of any of the dollar companies and you will soon see that they get a dollar's worth. A medical man who can afford to make as careful examination as should be done for less than $5.00 is not fit to make it. When the companies recognize the fact that competent service cannot be had for a trifle, then they will note a decided change in their mortality lists.

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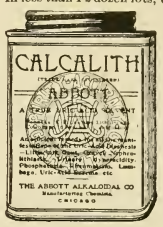

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III. Legislation—All that ever has been done to rid the world of disease has been initiated, at least, by the medical man. It should not be considered a disgrace for the physician to take an active interest in publis health legislation. We are after no graft, we have no secrets to hide or underhand plays to make. We will have unfortunate and unfair medical laws just as long as we permit them to be.

The physicians of this state prevented the placing of an osteopath on the board of health last winter.

We need more definite quarantine laws, more police powers for health boards, a good vital statistics law; and the antis of all shades of color need watching. Medical laws should be uniform, we should prevent vicious legisla-

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His Honor the Chief Justice of Victoria said with regard to the genuine "Sander & Sons Eucalyptol" that whenever an article is recommended by reason of its good quality, etc., it is not permissible to imitate any of its features, and he granted a perpetual injunction preventing the defendant party from so doing.

There are many degrees between an absolutely inert and injurious article, and one which was proved by expert witnesses at this Tribunal of Justice to be absolutely pure and scientifically standardized, viz: the genuine "Sander & Sons Eucalyptol." But mediocrity has no place in medicine and only the best and most reliable article will make and maintain the doctor's reputation.

Thus the necessity for observing strictest adherence to most scrupulous discrimination in securing an approved product is once more convincingly substantiated by the foregoing and furthermore strengthened by a report which Dr. Owen made some time ago to the Medical Society of Victoria. The doctor states "that a child living at Fitzroy, a suburb of Melbourne, became most seriously indisposed through the use of eucalypt." The number of inert and even injurious products of eucalyptus has, since this report is made, rather increased than otherwise, and so we find precaution now even more indicated than ever before. Therefore, please specify "Sander & Sons Eucalyptol" when prescribing.

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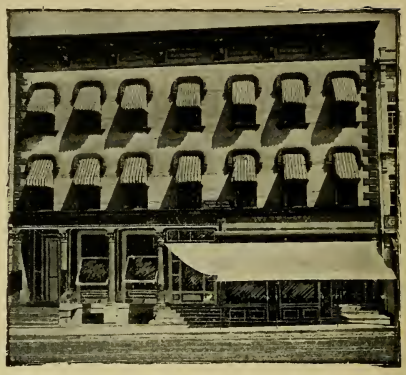

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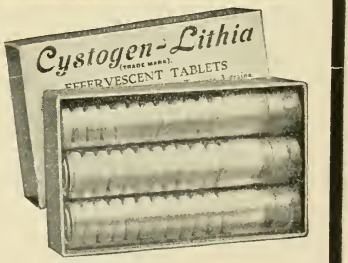

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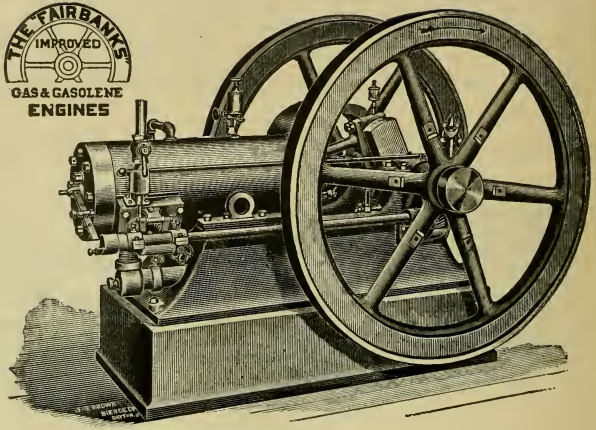

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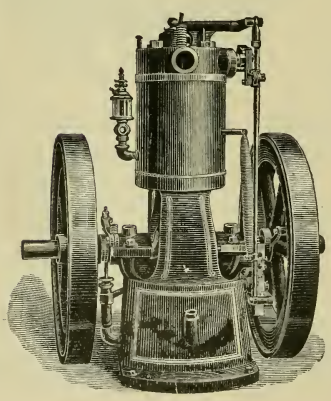

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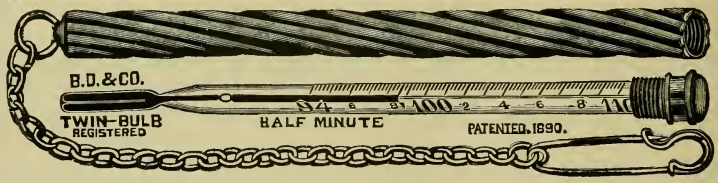

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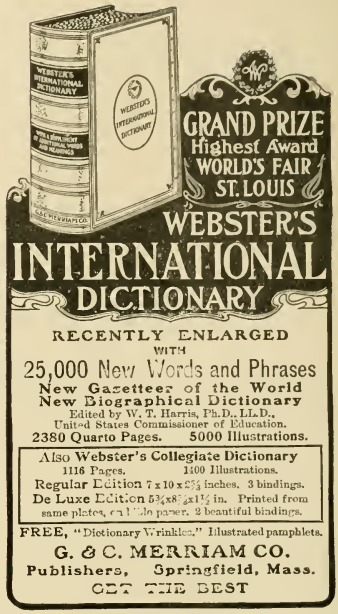
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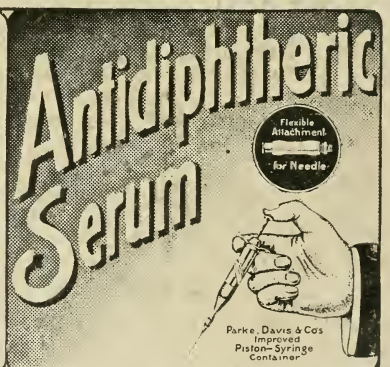

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ORIGINAL COMMUNICATIONS.

Appendicostomy.

(By Stuart McGuire, M. D., Richmond, Va.)

Surgeon in Charge of St. Luke's Hospital, Etc.

The operation of appendicostomy though less than four years old has been firmly established as a rational surgical procedure. It consists in bringing the appendix through an abdominal incision, opening its tip and using its lumen to irrigate the large intestines. The value of the operation will be appreciated after a consideraton of the following facts.

1. Chronic diseases of the large bowel are frequent.

2. They are exceedingly rebellious to internal or local treatment. as drugs by mouth are rendered inert in the small intestines, and injections by rectum are not only disagreeable but often inefficient because of the difficulty in reaching the upper portion of the tract.

3. The appendix is located at the very origin of the large bowel, hence fluids introduced through it reach every part of the canal.

4. The operation of delivering, attaching and opening the appendix is so simple that it can be safely done, by the average surgeon.

5. When the opening is once formed the irrigation can be efficiently carried out by the patient without pain or discomfort.

6. Experience has proved that the mechanical cleansing which is accomplished, plus the therapeutical effect of the antiseptic or astringent solutions employed, usually brings quick relief to patients who have suffered many things of many doctors without benefit.

Appendicostomy, like many other

Paper read at the meeting of the Medical Society of Virginia, Oct. 11, 1906.

surgical procedures, was first devised extemporaneously during the course of another operation. In 1902 Dr. Robert F. Wier opened an abdomen to do a valvular cecostomy in order to make a fistula through which he could irrigate a colon the seat of chronic amebic dysentery. He saw the appendix rise prominently into the wound and at once appreciated the advantages of using the calibre of this organ for his purpose. He stitched the tip of the appendix in the abdominal wound and closed the latter around it. When about to apply the dressings the thought occurred to him that the appendix might not be patulous and he therefore amputated its tip and introduced a No. 12 soft rubber catheter through its lumen into the cecum. The latter was drawn into the wound, anchored and a ligature thrown around the stump of the appendix to prevent leakage. The ligature was removed in twenty-four hours and two days later irrigations of the colon were begun. The result was eminently satisfactory.

The simplicity of the operation, its freedom from danger and the ease and certainty of the ultimate closure of the fistula appealed at once to the profession, and appendicostomy has been adopted as an acceptable substitute for cecostomy in all but a few selected cases.

The original technique has been so improved upon by various surgeons, chiefly Meyer, Dawbarn and Tuttle, that now a most acceptable method has been evolved.

Indications.

In general the operation may be said to be indicated in all cases of chronic, non-malignant diseases of the colon which does not yield to medical treatment. It has been chiefly employed in chronic amebic dysentery, muco-membraneous colitis, and syphilitic and tubercolous ulcerations of the colon.

Maunsell has employed it successfully to anchor the cecum in a case of volvulus, and in another to prevent gaseous distention after resection of the small intestines. He also recommends it as a means of relieving tympanitis due to intestinal paresis from peritonitis.

Keitley has employed appendicostomy as a substitute for cecal colostomy in a case of carcinoma of the transverse colon; in a case if intussusception of the ileum into the ascending colon; and also in a case of obstinate constipation. He recommends it to facilitate the introduction of food when feeding by way of the bowel is necessary; and as a means of local treatment of the ulceration of typhoid as suggested by Ewart.

Sir W. H. Bennett suggests the possibilities of the operation as 1st, a means of treating disease of the large and small intestines. 2nd, a means of relieving or preventing intestinal distention. 3rd, a means of artificial feeding. 4th, a substitute for cecal colostomy.

Technique.

The patient is prepared as for the "interval operation" of appendectomy. The abdomen is opened by the gridiron method through an incision large enough to admit two fingers. The appendix is grasped and brought up into the wound, the artery of its mesentery tied and the organ freed to its base. The cecum is then fastened to the parietal peritoneum at the lower angle of the wound by sutures on either side and above the appendix, the last suture being continued to close the peritoneum. The lesser appendicial artery

should not be included in the side sutures. The abdominal incision is then closed in layers by sutures of catgut, the appendix itself being fastened in the lower angle of the skin wound by a suture on either side. The protruding appendix is then wrapped with thin rubber or gutta percha tissue and the dressings applied. At the end of two days the dressings are removed. The appendix is usually found gangrenous at its tip. It is amputated about 1-4 to 3-8 of an inch from the skin and its lumen carefully dilated. A catheter should then be introduced and secured by a ligature tied firmly around the stump of the appendix. The ligature serves the double purpose of preventing leakage around the catheter, and at the same time by constriction cuts off the stump of the appendix flush with the skin. The catheter should be introduced about two to four inches. If there is abdominal distension its lumen should be left open to allow escape of flatus. In the absence of distension the catheter should be bent on itself and fastened with a safety pin to prevent leakage into the dressings. On the third or fourth day irrigation may be begun.

The question may arise whether it is advisable to attempt appendicostomy in the presence of a small atrophied appendix even though it be patulous? Will its calibre admit a catheter large enough to serve the purposes of irrigation? Tuttle presents two cases in which the organ was found easily dilatable and the results in these cases were more satisfactory than in those with very large appendices. This opinion is confirmed by C. B. Keitley, who, in a case of carcinoma of the transverse colon with slender atrophied appendix, was able to dilate the latter until he could introduce a small sized rectal tube, the opening afterwards serving as an artificial anus. In my own case herewith reported no difficulty was encountered in dilating an appendix greatly atrophied and adherent as a result of previous inflamation.

Time for Opening the Appendix.

If there is any doubt of the patency of the appendix it should be opened before the bowel is fixed to the parietal peritoneum in order that if its canal is obliterated the operator may abandon appendicostomy and proceed at once to a cecostomy. The surgeon by rolling the appendix between his fingers can usually determine whether the organ is patulous. If it is permeable he should not take the risk of infecting the wound by opening the canal until two or three days after the operation. This is strongly insisted upon by Tuttle. Every case of post-operative hernia noted by this observer has followed opening the appendix at the time of operation, and in all cases there has been subsequent if not consequent infection. Of course such a practice is not advisable in cases in which the operation is done for intestinal obstruction or paralysis, for artificial feeding or any very acute conditions. In such cases, just as in colostomy, a few hours delay is all that is necessary. When opened early the appendix should be cut off fully half an inch from the skin, a catheter introduced and a thread tied around the stump to avoid leakage.

Solutions for Irrigation.

The selection of a fluid for irrigation will depend upon the diseased condition. In amebic dysentery the concensus of opinion is largely in favor of quinine solutions. Tuttle recommends normal saline solution at a temperature of 65 to 75 degrees F. and advises

that care be exercised to use normal salt solution and not brine.

In catarrhal colitis, with or without ulcerations, solutions of nitrate of silver 1-5,000, argyrol 5 to 25 per cent. peroxide of hydrogen, 10 to 20 per ct. and aqueous fluid extract of krameria 10 per cent have all been used with more or less satisfaction. Some of these cases yield very promptly and others are very obstinate. Ewart reports a case in which appendicostomy was performed for colitis with diarrhea and profuse bloody discharges. The hemorrhages continued in spite of all the ordinary irrigations but finally ceased after injecting liquid paraffin into the colon.

When and How to Close the Opening.

The time at which the appendicostomy fistula should be closed depends upon the disease for which the operation has been performed, the history, condition and symptoms of the patient, and the amount of annoyance the fistula gives.

In cases of amebic dysentery there is usually an apparent cure in four weeks or less. It would not be wise, however to close the opening at this time as periods of quiescence lasting sometimes months occur in the disease even without treatment. These patients should be advised to wait six or nine months and if they are to return to tropical regions the opening should be kept open permanently to facilitate prompt and effectual treatment in case of reinfection.

In cases of simple mucous colitis the opening may be closed after mucous has been absent from the stools for several weeks and the bowel movements have become regular without irrigation or laxatives.

In cases of the various forms of ulcerative colitis too much stress cannot be laid on the advisability of keeping the fistula open for a considerable length of time. The only disappointments from the operation, so far as known, have followed too early closure. It is important in these cases to aid the colonic flushings by proper internal medication and judiciously selected articles of diet.

In cases where the operation has been performed for the relief of tubercular ulceration the fistula should be kept open permanently. When made for the relief of intestinal distention, caused by peritonitis or volvulus, the fistula may be closed as soon as the primary condition has disappeared. In other conditions the time of closure must be left to the judgment of the operator as there are no statistics upon which to base conclusions. To close the fistula is usually simple and easy. The application of nitric acid or the actual cautery to the mucous lining has invariably and promptly been followed by closure of the aperture. If however it is deemed desirable the stump of the appendix may be dissected out and the small abdominal wound sutured.

Results.

In forty-four cases of dysentery there were six deaths but none of them due to the operation. Two were from unsuspected tuberculosis, two from extreme ulceration of the bowel with chronic nephritis, one from exhaustion before the appendix was opened, and one from cerebral disease three months after the operation. The remainder of the cases (38) are reported cured.

In sixteen cases of mucous colitis the reports are all favorable. In some of them, however, it is difficult to tell how much good was due to the removal

of the appendix and how much to the effect of the appendicostomy. The relationship between chronic appendicitis, with adhesions, and chronic mucomembranous colitis is very close, and the eticlogic influence of the one on the other merits a wider discussion than is permitted by the limits of this paper. Suffice it to say that by appendicostomy we get rid of the appendix, whether it be the cause of effect of colitis, and at the same time give access to the parts for local treatment.

In the cases reported, where the operation was done for syphilitic ulceration, the patients appear to have been greatly benefited if not permanently cured. In the cases of papilloma and carcinoma the operation was performed only as a palliative measure. In the cases of volvulus and intussusception the operation was effectual.

Report of Author's Case.

Mrs. X., aged 46, patient of Dr. W. S. Gordon, of Richmond, Va., admitted to St. Luke's Hospital, June 14th, 1906. History of typical attack of appendicitis about puberty. For thirty years had suffered with occasional pain in right iliac region. Two years ago had an attack of colitis. Recovered and remained well for twelve months and then had recurrence. Disease grew worse despite persistent and intelligent treatment. Was placed at one of the hospitals of this city where diet, rest, astringent and rectal irrigations were tried for some weeks without permanent benefit. During past five months had suffered constant abdominal pain, attended by exhausting diarrhea, with loss of thirty-five pounds in weight.

Operation of appendicostomy performed June 20th, 1906. Appendix was found atrophied and adherent but was liberated and brought through the abdominal wound by the technique previously described. Two or three days later the appendix was amputated, its calibre dilated, a catheter inserted and irrigation of the colon begun. The patient was out of bed on the fifteenth day and was discharged on the 22nd day after the operation.

As long as the patient was in the hospital she did admirably, but shortly after her return home she had a sharp recurrence of her old symptoms. This was partly due to the nature of her disease but largely accentuated by too heroic treatment. She was a physician and the wife of a physician, and as I was in Europe, they were left to their own resources and as is usual in such cases owing to over anxiety they tried too many remedies. Finally after correspondence with Dr. Tuttle the patient was put on sulpo-carbolate of zinc and oil of turpentine, and the colon irrigated with a teaspoonful of salt and a teaspoonful of bicarbonate of soda to a quart of hot water (120° F.) for three days, followed by ¼ per cent solution of ichthyol on the fourth day. This resulted in controlling the diarrhea and a gradual return to normal fecal movements. The appendicostomy fistula was kept open for three weeks after the mucous disappeared and then allowed to close. The patient has gained more than fifteen pounds in weight and believes herself cured.

In tympanites it is said that one ounce of alum dissolved in half a gallon of water and injected high up results very satisfactorily.

A committee for the furtherance of cancer research has been formed by the Swedish Medical Society. The chairman is Professor Berg.

Ocular Headache.

(By W. H. Wakefield, M. D., Charlotte, North Carolina.)

Some observers venture the opinion that fully 75 per cent of the cases of chronic headache are caused by eye strain. I am not in position to refute or confirm this statement as my professional work has not been along lines sufficiently broad to enable me to study the whole field of headaches. Nearly all patients who consult me do so on the advice of their family doctor, and he has, of course, eliminated nearly all the cases of chronic headache not due to eye strain. In my observation, headache due to eye strain is generally located in the temples and forehead and includes the eyes, but it may be located anywhere in the head and the eyes may not be the seat of any pain, or uneasyness whatever. In fact, the pains due to eye strain may not be felt in the eyes or head but in the back. I have seen two pronounced cases of this character; one having severe lumbar pains and the other suffering severely from pains at the juncture of the cervical and dorsal vertabrae. In these cases eye strain was suspected by the family physicians by reason of the fact that in one case the pains manifested themselves only during the school term and in the other they were present only at seasons when the eyes were used a great deal at near work. Astigmatism was found in each case, and strange as it may seem glasses correcting this defect brought entire relief from all the vertebral pains. Headaches or other nervous disturbances due to eye strain are worse during or after the use of the eyes at close work, like reading, needlework, bookkeeping, etc.

Read by Invitation before the Greene County Medical Society, at Snow Hill, N. C., Oct. 13, 1906.

They are generally accompanied by eye pains, frequently by congestion of the lids and eyes.

It is reasonable to assume that attacks of headache coming on during or after the use of the eyes at close work, and recurring whenever the eyes are thus used, particularly if these attacks cannot be traced to any other cause, it is reasonable, I repeat, to suspect, at least, that they are due to defects of vision, and the eyes should be carefully tested for refractive errors and muscular insufficiencies. This work is often undertaken by those utterly unprepared for its proper performance. It would seem that if an error of refraction existed its detection should be an easy matter—but in the young it is generally quite a difficult task to work out properly—often requiring the use of a mydriatic, and the exercise of an abundance of patience. I will not worry you with any details as to how this work is or should be done, but I desire to say that in America, at least, the majority of young persons suffering from ocular headache have good visual acuity; that is, at a distance of 20 feet from test letters they will readily read 20-20 or even 20-15, which, being interpreted, means they can read at 20 feet letters that indicate normal vision when recognized at 15 feet. Many, in fact, nearly all of these young cases seem to have no ocular defect, hence, the general practitioner has nothing but the subjective symptoms on which to base his suspicion that the eyes are at fault. In addition to headache, defects of vision are not infrequently the exciting cause of other nervous phenomena, such as chorea, epilepsy and even insanity. Rannsey and Stevens of New York and other observers, report numerous cases of chorea and insanity cured by cor-

recting errors of vision by glasses, or in suitable cases, by operations on the eye muscles. This is easily understood if we will study carefully the visual act. In perfect eyes this act does not consume an undue amount of nerve force, but in eyes in which astigmatism exists, particularly if the axis of the astigmatism should be oblique or slanting the visual act causes a considerable drain of nerve force. This "leak" is all the more pronounced if there should be present a lack of muscular balance, muscular insufficiency it is called. In a case of astigmatism and muscular insufficiency the drain of nerve force is in proportion to the amount of each defect and the desire of the patient for clear vision.

Some persons go through life with considerable astigmatism and muscular insufficiency and yet do not suffer any inconvenience. The explanation is that they are endowed with nerve cells that generate an abundance of nerve force, hence are able to stand the leak, while others with no nerve force to spare are rendered invalids by a similar defect.

The field is so large that a volume can be written concerning it and not exhaust the subject and the remarks I am making barely touch on the edge, but there is time for nothing further.

I ought to say, however, that observation forces me to the opinion that fully half of our population under 40 who are wearing glasses are not getting all the help that they can obtain from glasses, and many, especially young people are really injuring their eyes by wearing improperly fitted lenses.

Not longer ago than yesterday I was consulted by a lady who was bemoaning her ever present headache and the fact that although she had bought many pairs of glasses she never found comfort in any of them. Her eyes had cost her a small fortune, but the money had brought no relief. It developed that she had always bought her glasses "ready made," generally from a peddler. Examination disclosed compound hyperopic astigmatism against the rule, twice as much in right eye as in left. Her old lenses were simple sphericals correcting only the unimportant part of her defect.

Similar cases exist by scores all over our State.

In conclusion, I will summarze:

Cases suffering from ocular headache are always worse after using the eyes at close work, or on taking a long drive, going shopping, to a picnic, fair or show. The pain may occur anywhere in the head, but its usual seat is in the forehead and temples. The eyes are generally involved but may not exhibit a single evidence of strain. Glasses to suit each eye are a necessity in treatment and must be fitted with the greatest care. If indigestion is present it should have appropriate treatment and it should also be seen that the eliminative organs are working "full time" and with efficiency. In anemic patients supportive treatment is also indicated such as iron, arsenic, and strychnine. The tincture of iron chloride in moderate doses is well borne and quite efficient in some cases but when it disagrees, recourse should be had to that most elegant preparation, one that agrees with the most delicate stomach and meets all the indications when Iron is needed. I refer to Pepto-Mangan.

I have never known this to disturb the stomach and the results from its administration have been highly satisfactory.

Medical Treatment of Diseases of the Bile Tract.

(By M. P. Rucker, M. D., Machester, Va.)

President Board of Health, Manchester; Lecturer on Embryology, Lecturer and Demonstrator of Biology and Assistant Demonstrator of Physiology, Medical College of Virginia.

I am very glad to be able to address you on the medical treatment of diseases of the liver and biliary tract tonight. Fifty years ago, such a paper would have been too long; while fifty years hence, if we can judge from the advances that the surgeons have been making in this class of diseases, I would have scarcely anything to say. I do not wish to leave the impression that I, as a medical man, am jealous of the surgeon. Without his help, the best we could do in most of the severer liver affections, would be to run up a large drug bill and watch the patient slowly die; and we are quite content to let the surgeon step in and relieve us of these troublesome cases.

For the purpose of this paper, I shall make two classes. In the first, I shall place those conditions that are amenable to treatment; and in the second, those in which treatment is only palliative. Group I contains catarrhal jaundice, passive congestion of the liver, and syphilitic disease. Group II contains acute yellow trophy, amyloid liver, fatty liver, Hanot's hypertrophic cirrhosis, capsular cirrhosis, atrophic cirrhosis, gallstones and the inflammation of the gallbladder, abscess, hydatid cysts and malignant diseases.

You will notice that I have made no mention of icterus neonatorum. I did not know in which class to put it, for, as Tyson expresses it, the simple form demands no treatment, and in the graver forms, treatment is of no avail unless the condition is traceable to syphilis. I have purposely omitted that very common complaint, the torpid liver, in hopes that some of the members who are richer in experience than I, will bring out in the discussion of these papers what kind of "liver medicine" to give in these cases.

In catarrhal jaundice, our efforts are to be directed towards alleviating the catarrhal condition. A small dose of calomel may be given if gastric catarrh be present. The bowels are to be kept open afterwards by means of salines; but the point is not to be purged. Vichy is the favorite mineral water used in these cases. The diet should be light, and free from fats and oils. With the view of exciting peristalsis in the gallbladder so as to expell the plug of mucus, colonic irrigation with cold water may be tried. Warm baths, and a 1 per cent. solution of carbolic acid in glycerin and water are useful. When the patients are well-to-do, it is usual to send them off to some spring where the water is mildly laxative, and where they can escape business cares.

The indications for treatment in passive congestion are to restore the balance in the circulation and to deplete the portal vessels. The former requires treatment of the underlying condition, be it heart disease or some lung trouble. The latter indication is met by purgatives, such as salts or blue mass. The Anglo-Indian physicians recommend aspirating 18 to 20 ounces of blood directly from the liver.

In syphilitic disease of the liver, one should begin the usual treatment for syphilis whenever there is any suspicion of the nautre of the disease, without losing valuable time in waiting for a positive diagnosis.

We now come to the class of dis-

Read before the Richmond Academy of Medicine and Surgery, Sept. 25, 1906.

cases in which the most that we can expect to do is to smooth the patient's pathway. It is to these diseases especially that we medical men would like to direct the attention of the surgeon. The treatment of some of them has already been mastered by the surgeon; others, he promises soon to add to the list. These are added to the group, because they frequently need medical treatment before they get to the surgeon, or after they become inoperable.

The treatment of acute yellow atrophy is entirely symptomatic. The headache should be relieved by ice bags and acetanilid rather than morphine. Nothing can be done to influence the course of the disease.

The treatment of amyloid and fatty disease should be directed to the underlying condition. Hypertrophic cirrhosis is to be treated symptomatically. Full doses of sodium phosphate may be given.

The surgical treatment of atrophic cirrhosis is very promising. A considerable percentage of the cases are greatly relieved. However, a not inconsiderable proportion of the cases operated on result fatally. As yet, there seems to be no way of determining beforehand which of the cases are apt to be benefited by operation. The medical treatment consists of abstenance from alcohol, and measures that tend to lessen the gastro-intestinal catarrh. A milk diet is highly recommended. If so strict a diet is not possible, the diet should be light, nutritious and free from fats. A glass of hot water before each meal is suggested by Tyson. The portal congestion is best relieved by saline and mercurial purgatives, or by purgative mineral waters. The ascites, when it is not benefited by the purgatives above mentioned, and such diuretics as potassium acetate, theobromine, digitalis and squills, should be combatted by early and frequent tappings.

The various conditions grouped under the name of cholelithiasis are essentially surgical in their nature; yet, we are frequently called in the middle of the night to treat these troubles. Then, there are cases that refuse operation or are past operative help. These cases are to be treated symptomatically. The pain is best relieved by morphine and atropine hyperdermically. Cases of severe colic frequently require several hyperdermics of 1-4 grain and 1-150 grain atropine. At times, it is necessary to give a whiff or two of chloroform until the morphine can take effect. Hot stupes, either plain or with a teaspoonful of turpentine added to the pint of water, are grateful to the patient.

The itching is often very troublesome to treat. A dusting powder composed of Camphor, ʒiss, Zinc Oxide ʒss, and Starch ʒj, may be tried. Other remedies for the itching are hot alkaline baths, pilocarpine hyperdermically, antipyrine gr. viij, and ichthyol locally. A remedy that Dr. Anderson has used with gratifying results is the hydrated succinate of the peroxide of iron and Carlsoad water.

The patient should not give up hope even if the case is inoperable, for, occasionally, the condition is relieved spontaneously by fistulous communication between the bile passages and the gastro-intestinal tract. I have had one such case.

The patient was a woman of 60 years. She had been having attacks of colic for seven years, and for the last year she had been jaundiced. After the jaundice appeared the attacks became more frequent, occurring some-

times as often as once a week. The patient could foretell when she was going to have the colic by the deepening of her color. After each attack, the color would lighten somewhat. She was very fat and deeply jaundiced; and an operation was deemed inadvisable. Several months afterwards, when she returned to her home, near Petersburg, she had a very severe attack of colic, and for a time, her life was despaired of. The jaundice disappeared entirely; the patient gained forty pounds in weight, and has been in the best of health ever since, a period of two and a half years. I cite this case to show that the unexpected may at times happen.

The remaining diseases—abscess, hydatic cysts, and malignant disease are also surgical diseases, and, if the surgeon will not take them off our hands, must be treated symptomatically.

SELECTED PAPER.

The Prodromata of Insanity.

(By W. H. Hattie, M. D.)

Medical Superintendent Nova Scotia Hospital, Halifax.

Some years ago a paper, bearing a title very similar to that upon which I now venture, was presented before the Harveian Society of London by one of England's most eminent alienists. The subject was dealt with comprehensively, and so great a variety of symptoms prodromal to mental disease were presented that, it is said, every one who heard the paper went away in a great state of perturbation; every one discovered that he possessed, on his own account, some of the symptoms indicative of oncoming insanity. In the face of such an experience, by one whose fame is for all time established amongst those who favor psychiatry, it surely requires courage, as well as presumption in me, to come before you with a paper on the prodromata of mental disease.

Lest you fear that you may, like those of the Harveian Society, be stimulated to an unpleasant degree of introspectiveness as my paper proceeds, a disclaimer of evil intent at the outset may be reassuring. There is to be no attempt at exhaustiveness in this paper. It will not venture even a superficial glance at the whole psychiatrical field, but will deal only with the more common forms of mental derangement—those with which the general practitioner is more or less intimately acquainted. And because it is presented by one whose work is done in a hospital for the insane, it must not be regarded as authoritative, for the asylum physician has little opportunity of learning about the earlier manifestations of insanity, which necessarily come under the observation of the general practitioner. As a matter of fact, we of the psychiatrical specialty, after a long period of observance of our medical brethren who exploit other lines, have concluded that it is time that we, too, assumed the convenient expedient of poking the responsibility for our ignorance upon some other branch of the profession, and the special reason for bringing my paper into being is to secure an opportunity to call the attention of the family doctor to the splendid opportunity he has of contributing towards our enlightenment by thorough study of early symptoms and careful estimate of their relative importance. The majority of pa-

tients coming to institutions for the insane are incapable of giving a reliable account of the development of their disorders, and the asylum physicians must necessarily depend almost entirely upon the histories which accompany patients. The meagreness of such histories frequently bears testimony, of the silent yet eloquent sort, to lack of interest in mental cases on the part of many physicians in general practice. Yet it is generally conceded that no other illness compares in fatefulness with mental disease; there is none which causes greater distress to friends; none more dreaded, or from which recovery is more devoutly to be wished for; and none which more intimately touches individual, family and nation, or which is of greater import from sociologic or economic viewpoints.

When with these facts we have also to consider that insanity is rapidly increasing in civilized countries, and that it is a condition which is often arrested in its incipiency, we have surely a sufficient combination of reasons why the general practitioner should regard mental disease as of no less importance than other conditions which he is called upon to treat, and should lead him to a careful study of mental abnormalities.

It is rather a peculiar circumstance that the majority of physicians are especially interested in the one form of mental disease from which there can be no recovery—general paresis. It is very desirable that an early diagnosis should be made in this disease, because of the fact that it often manifests itself in a profligacy which may bring financial ruin to patient and family, or in a moral lapse which may lead to unfortunate legal complications, and cause great mortification to friends. Physical symptoms, especially pupillary phenomena, tremor of lips and tongue, exaggeration of knee-jerk and some blunting of cutaneous sensibility, are commonly to be determined very early in the disease, and are of such diagnostic importance that they should always be looked for in an individual approaching the age of thirty-five or forty, whose general behavior has undergone notable change.

It is not generally recognized that the type of general paralysis has undergone considerable variation of late, and that the mental manifestations are often those of nervous exhaustion, rather than the expansiveness and grandiosity which have colored the classical picture of the disease. Frequently there are early complaints of disordered digestion, lack of energy, disturbed sleep, difficulty in concentrating thought, failure in memory and uneasy sensations in the head, which are told with such an air of concern and with such minuteness of detail as to convince the physician that he has a case of neurasthenia to deal with, and should a careful physical examination be omitted the real condition may be quite overlooked. The danger of this error is increased because of the fact that general paralysis is very prone to occur just at the "neurasthenic age." In some instances the earlier stages of general paralysis are characterized by mental depression, and one might at first think he had melancholia to deal with. The physical symptoms are really the only constant ones in the disease, and they should always be looked for in the first examination of any mental patient. There is, perhaps, no form of alienation in which it is more desirable to have the patient committeed to an

appropriate institution at the earliest possible moment. Certain it is that if we are ever to escape from the unvaried fatality with which the disease has thus far confronted us, we must diagnose at the very beginning and institute treatment at once.

Several recent writers have attempted to trace a close analogy between general paralysis and a condition which is especially apt to appear during the years of adolescence—the dementia precox of Kraepelin's conception. The term dementia precox is not ideal, but so large a company of authors have heaped their criticisms upon it that there appears to be no further need for abusing it, and so it is accepted for the purposes of this paper. The condition is one which, in its earlier stages, may present itself in at least two, and possibly in three forms, but it is generally characterized throughout its course by a peculiar suspension of emotional activity, and nearly always ends in a state of profound apathy and indifference, rendering the patient quite unfit for anything but institutional life. It is a very common form of mental disorder, including a considerable majority of all cases occurring under twenty-five years of age, and offers an extremely unfavorable prognosis. It seems, moreover, to have been rapidly increasing in frequency of late years. For these reasons, and also because it contributes the greater proportion of the dements to the population of our asylums, it is a variety of mental disease which should receive most earnest consideration.

Just as a blunting of the moral sense may be one of the first signs of general paralysis, so the development of bad habits may be prodromal of dementia precox. A reasonless depression is also an early symptom in a fair proportion of cases. Lack of attentiveness, frequently recurring dreamy states, and especially failure to show natural affection for and interest in parents and friends, are very suggestive symptoms. A state of depression, accompanied at the very onset by vivid hallucinations or confused delusions, generally indicates dementia precox. A tendency to silly laughter and grimacing, flightiness and weakness of judgment are all more or less indicative of this disease. It is not until the condition has become very advanced that failure in comprehension or impairment of memory becomes noticeable.

Kraepelin limits the use of the term melancholia to cases showing a rather characteristic depression, and which generally appear in the involutional period—either coincident with or following upon the climacteric. Apprehension and depression are constant features, but delusions need not be present, and there may, in fact, be no intellectual defect until the condition has lasted for a long time. Such patients often suicide in spite of the absence of delusions; a fact which is attested to by a long list of self-ended lives. The early recognition of the disorder is consequently o fgreat importance. Amongst the symptoms which first become manifest, certain sensory symptoms deserve consideration. One of these is headache, or, perhaps, more correctly, a peculiar distressing sensation, which is usually persistent and not relieved by sleep, which is often accompanied by variously described paresthetic sensations and sometimes by vaso-motor disturbances, and which has often associated with it a feeling of weariness and incapacity, and an inde-

finable fear. Insomnia is another early symptom, which, while by no means limited to melancholia, is especially important in connection with this disease. It should always receive most careful attention. Loss of muscular tone, with a feeling of weakness and a flabby state of the muscles, class amongst the prodromal symptoms of melancholia, and constipation—frequently of a most obstinate type—is extremely common. Digestive disturbances, with consequent nutritional defect and loss of weight, often coexist. The mental symptoms appear gradually, as a rule, and slowly increase in intensity. Some emotional depression may be noted early, but memory remains good for a long period, and the patient is frequently able to talk intelligently and usually without manifest effort during this time.

In the forms of insanity which tend to recur, there is offered an especially good opportunity for studying the early symptoms. The recurrence manias and the recurrent melancholias of the older writers have, with certain other psychoses, been grouped by Kraepelin under the term manic-depressive insanity. The applicability of this term becomes apparent to any one who has had an opportunity of studying several attacks of mental disease in a single individual, for it is found that each attack presents features of its own, that some are especially characterized by exaltation, others by depression, while still others show an admixture of exaltation and depression, and yet, as far as can be determined, the pathologic condition is the same in each instance. The symptoms premonitory of either phase of this psychosis may be divided into objective and subjective. Among the objective symptoms which often indicate the advent of a maniacal attack may be cited unusual alertness, quickened muscular reaction (especially indicated in unusually rapid play of the muscles of facial expression and of gesturing), a tendency to over-activity, and often an improvement in the general "set-up" of the individual. There are sometimes attacks of muscular twitching, sometimes tremor—especially when finer movements, such as those of writing, are attempted, and very often an unusual degree of loquacity. Subjective symptoms of an approaching maniacal attack include a feeling of unusual well-being, widened and increased interest in the affairs of life, and apparently lessened need for food and sleep. These symptoms may be present for sometime without there being any noticeable flaw in mental action; in fact, the period may be one characterized by exceptionally good mental work. But if they are abnormal to the individual, and especially if there be predisposition to mental disease because of heredity or a previous attack, they are strongly presumptive of oncoming excitement.

While, in a general way, objective symptoms predominate before an attack of excitement, subjective—or in other words sensory—symptoms are most prominent in antecedence of depressed states of mind. A series of symptoms may precede the depressed phase of maniac-depressive insanity, which correspond very closely with those which have been described as premonitory of melancholia. Comparative youth, a bad inheritance, and especially the history of a previous attack of mental trouble, point to the depressed phase rather than to melancholia, and an early appearance of indecision and of loss of capacity for effort,

add to the likelihood that an attack of the depressed phase of manic-depressive insanity is impending.

Many attacks of mental trouble have their incidence in an attack of acute bodily illness The various febrile psychoses, and some of the cases of collapse, delirium, etc., are especially to be thought of in this connection, but an attack of manic-depressive insanity, melancholia, or dementia precox, may be determined in this way. The infectious diseases are most likely to be followed by mental disorder, and typhoid seems to be particularly apt to leave behind it a mental warp. Sometimes the mental symptom so obscure the clinical picture that the underlying general disease may be overlooked. Psychical enfeeblement in the spheres of comprehension, thought, memory, emotion and action, suggest a coexisting physical condition, making its damaging influence felt in all these directions, and it is especially associated with an acute infection that such mental symptoms are found. Occasionally mental symptoms may really antedate other symptoms of an acute febrile process.

My paper is intended to be suggestive. Enough has been outlined to show that, even with our present knowledge, the watchful family doctor may often be able to detect mental disorder in its incipiency—when the greatest likelihood exists of improvement under treatment. Of course in estimating the importance of prodromal symptoms, one should give full value to the natural temperament of the individual. In a predisposed individual, such symptoms as have been noted may be of the most serious import, while in one whose family history and personal past are good, they may mean but little. It may at times be difficult to determine when one has to deal with prodromata and when with an actual attack. Much observation will be necessary before our knowledge will have attained anything like a satisfactory degree of accuracy.—*Can. Pract. and Review.*

Post-Graduate.

Infections by way of the mosquito have been studied with very practical results in some localities, and aside from the matter of infections, the nuisance of the mosquito has been largely abated, so that summer visitors can now go in comfort to a few localities that were formerly almost uninhabitable excepting by people who had no objections to the free use of expletives. There are two or three points of new interest in this connection that are being put to use this summer. For instance, the single mosquito in the bedroom that keeps one's mind for hours upon Young's Night Thoughts, at a time when sleep is necessary for health, can be kept under control by allowing a spoonful of fresh Persian insect powder to burn slowly like punk in a saucer. The smoke from the powder is fragrant to the sleeper—before he gets to sleep—but for the mosquito it causes spasm of the respiratory spiracles, and she remains in pain so long as she continues to stay in the room.

If any undoubted case of ulcer of the stomach is associated with chills, in most cases it means that the ulcer is adherent to the spleen.—*American Journal of Surgery.*

In differentiating between gastric ulcer and gall-stone pains, the association of a chill usually points to cholelithiasis.—*American Journal of Sur.*

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Infantile Scorbutus.

(Pediatrics.)

Morse reports fifty cases of infantile scurvy. Twenty-eight cases being seen in consultation and the true condition being recognized in but five. The age at the outset of the symptoms varied between three and nineteen months, usually between six and ten months. From the point of view of modern ideas of reasonable infant feeding the food was irrationable in twenty-four cases. Milk was used in forty-one cases, boiled in twelve of these, and pasteurized in nineteen. In only one instance was a rational unpasteurized mixture being taken. The symptoms in their order of appearance are pallor, tenderness on handling, inflamed gums, hematuria, swelling, ecchymoses, paresis and hemorrhage. The food was changed in thirty-five cases. Proprietary food mixtures were changed to milk mixtures, and milk mixtures to better milk mixtures. Sterilization and petonization was stopped in every case. Pasteurization was stopped if the milk and time of the year permitted. This with two tablespoonfuls of orange juice daily is all of the treatment necessary.

To prevent the development of strictures of the esophagus after the swallowing of caustic substances, regular introduction of bougies should be resorted to at the end of a few weeks after the occurrence of the accident.—*International Journal of Surgery.*

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EDITORIAL.

The Hospital Manner.

"Of course the primary object of all treatment is to effect a cure, but the comfort of the patient ought ever to be kept in mind as closely as is consistent with one's best judgment, so that in the end the Hospital will cease to be the dread of the laity."—H. H. TROUT, M. D.

This observation, occurring as the last sentence of the final paragraph in a paper describing methods of technique, has suggested thoughts bearing on questions of great importance to every one connected with hospitals or their management. In almost every community, small and large, over the whole country there are now one or more hospitals, sanitariums or infirmaries—call them what you will—and for the most part, they are, fortunately, succeeding. In order that these institutions may do the "greatest good to the greatest number"—which is, after all, the final measure of their success—they must reach the class of people most in need of their help. Financial prosperity cannot justly be the sole aim of any home for the care of the sick.

For the purpose, then, of performing its larger service, the hospital must be attractive, not repellent; it must cheer and not depress. Here, as elsewhere, and in about the same proportions, the bitter and the sweet are intermixed. Everything possible should be done to minimize those features which are necessarily disagreeable and to emphasize those that are actually pleasant.

Nothing so promotes the hospital idea among both rich and poor in a community—nothing so educates the ignorant to the need and the well-informed to the value of a *Krankenhaus* ("sick-house," according to the Germans), as frank expressions of good will and simple human kindness, within and without its walls, by every one associated in the conduct of the institution. On the contrary, the dragging down of a hospital and making it "the dread of the laity" can be accomplished by no other means more effectually than by the uncalled-for exercise of officious and exacting authority on the part of

those in charge; by a failure to observe the ordinary forms of politeness toward patients and their friends; by the absolute lack of a proper delicacy of feeling for one's fellow-creatures.

Among many who have constantly to do with routine hospital work, there has developed a typical demeanor, which is unfortunate. It might be called the "hospital manner." It is characterized by a certain brusqueness of behavior, a machine-like method which, induced by habit, unconsciously becomes ingrained. Of itself it is not a crime and it may have its uses in the perfection of a system, but the tendency is bad. The reaction is unfavorable. The uninitiated laity do not look upon hospital affairs with the same indifference as we do and, with their inborn dread of such places, are sure to view with distrust anything that smacks of stern, unyielding discipline, which to them seems unreasonable. There is need of order and authority, but let them be of the kind which leads and not drives—which conserves and not destroys the popularity of the hospital.

We are all, perhaps, equal offenders —physicians, superintendents, nurses. And the cause that underlies it all is the fact that we are not kind enough. Scientific enthusiasm, economic administration, vigorous performance of duty —none of these can, in any degree, excuse a manner that shows no kindliness nor atone for a heart that feels no sympathy for human suffering.

H. A. R.

Home Surgery and the Hospitals.

We make no apology for the allusions to personal work and environments in this editorial because they best introduce the subject to be treated.

The writer of this lives in a town of less than one thousand inhabitants and does a general country practice. Two other physicians are located in the town and likewise do a country practice. Neither of the three is a surgeon in the general acceptations of the term, though each of us have a few instruments and do some minor surgery. Speaking for myself, I do not care to do surgery, and if I could keep my practice together without it, would refuse all surgery—especially operative work. I do not know that my confreres are as adverse to it as I, but it is a potent fact that none of us do any major work. *It all goes to the specialist and to the hospital.* This might be said to be the established rule. It has come to pass that while our patients give us their full confidence in purely internal medication, and perhaps in minor surgical troubles, in major operations, and even in those generally acknowledged as only of moderate severity or danger they demand hospital treatment and the services of a specialist.

This state of affairs has produced a public sentiment in regard to sending a large class of patients away that we could and ought to treat at home, and the local profession is largely responsible for it. It would be better for the doctor as the fees, generally more liberal than ordinary fees, would be retained; it would add to the doctors prestage and influence; and it would keep him in practice in doing surgical work, a disideratum not to be ignored. It would add comfort to the patient, avoid the discomforts of travel, often when he is illy able to be or the nervous and physical strain of a journey, and be less expensive to him.

All of these have been recognized and deplored. That is not local—that is—confined to this immediate section is evidenced by the wide spread discussion of the subject in various forms and in many phases in the medical press of the past few months.

The discussions have taken a wide range as to the reason for this state of affairs, though there is much unanimity in deploring it and in suggesting the remedy, which is that the general practitioner must do more general surgery. The hospital has come in for its share of criticism in its management so as to secure patients, often at a financial loss, but patients are essential to the perpetpation of the hospital, for the benefit of the specialist, the physicians connected with it, the nurses' training school, and the benefit of medical colleges. The good of the hospital is freely acknowledged, but its unfairness to the general practitioner condemned. Perhaps in no particular is this condemnation is more pronounced, than in the policy of many of them in giving free treatment or charging nominal fees to the well-to-do patients. The trained nurse with her allegiance to the hospital with which she is connected, or from which she graduated exerts a potent influence in directing patients to hospital treatment. The specialist preaches the doctrine that no one can do surgery but the surgeon, and it is folly to trust an operation to any one else.

Whatever influence these arguments may have upon bringing about the existing conditions, the fact is present with us that public opinion is demanding more and more that all surgery be done at the hospital, and it does not need much qualifying to say that the profession is stultifying itself in yielding to this demand. These arguments may all have some bearing upon the matter, but the chief reason lies in the physician himself, and the remedy is with him.

The chief stock in trade of the hospital in advocating its claims, is that the conditions are asceptic, and while this is only a partial truth it is worked for its full value. Hospitals are not completely asceptic, and the spare room in the house of the ordinary family can be rendered as nearly so, in a short time and with about as little trouble as must be expended upon the operating room of the hospital before an operation, on this score a clipping from an editorial in The Southern Clinic, (Oct. 1906) is very pertinent, viz:

"It is about time that intelligent practitioners were teaching their patients that we are not protected from germs nor can we be protected from them by trained nurses, hospital surgeons, nor hospital appliances, *but that we protect ourselves fully by our own powers of resistance which are better conserved under pleasant and favorable home surroundings than anywhere else, and that* when we have passed that point of resistance we will die at the hospital sooner than at home."

The jealousies in the ranks of the profession and the inability to secure competent aid in operations requiring assistance, has deterred many from attempting work of this character and sent patients away from home, for the necessary treatment. This is to be deplored and ought not to be. Its existence is a blot upon the profession, and is detrimental to the public interest, prejudicial to the profession as a whole, and derogatory to the individual phy-

sician. Let their be complete harmony in the ranks of the profession, mutual aid in time of need, and the cultivation of an esprit de corps of high principles and the influence of the profession will be enhanced to its benefit in many ways.

The older physicians may not care to enter the field for surgical work personally, but he can do much in giving his countenance and aid if need be to the work of the young doctor in this line. It is to the young doctor, fresh from college, generally with time for the study and care of his patients that most of this work must be entrusted, and to the younger generations the plea is made that you prepare for the work, and do it whenever it is presented.

British Medical Introductory Address by Presidents of Sections.

The seventy-fourth annual meeting of the British Medical Association was held in the city of Toronto, August 21 to 25th and we herewith present a few of the salient points noticed by the Presidents of the various sections in their introductory remarks as given in the September issue of The Canadian Practitioner and Review.

No formal address is expected of the presiding of officers of the sections, but each is allowed a few remarks, the opening exercises, and these remarks are generally very pertinent to the work of the sections.

SECTION OF ANATOMY.

Arthur Robinson, the President of this section, dealt with the subject of The Teaching of Anatomy in Universities and Medical schools. Anatomy seems to have been first studied by men of an inquisitive turn of mind, the knowledge afterwards gradually being utilized in the treatment of injuries, and its study passing into the hands of the priesthood, and afterwards to the medical profession. This has contracted the study of anatomy to a level of simply looking upon the human body as object possessing certain structures and arrangements that must be studied merely for the purpose of realizing and treating disease. This view has been counteracted in later years with evidence of its being still further persued, by broadminded men who have recognized that "the man who has a wide knowledge of general principles, is better adapted to meet unexpected circumstances, than one who is merely provided with a memory of a certain number of observed facts." Still there is danger of the specialist in anatomy losing sight of the practical application of the subject, and can be avoided only by electing to the positions of teacher of anatomy "men who have been through the medical curriculum, and who understand the needs of the profession and its students, and will keep in touch with their colleagues—who are practicing the art of medicine and surgery." Not the least important is the taking part in the meetings of medical associations, so there should always be an anatomical section at the sessions of the British Medical Association. A superfuity of detail should be avoided, a thoroughly sound knowledge of relations and arrangements of the most important organs, of the general principles which underlie them, and the advantage thereof should be insisted upon. Growth and development with abnormal conditions, man's relation to the anatomy of other animals where they exist, means of evolution, etc., should be taught. Minor

details are best looked up in text books as they may be needed.

Obstetrics and Gynecology.

"The Relations of Gynecology to the Work of the General Practitioner" was the theme of A. H. Freeland Barbour's remarks before this section. Gynecology deals with both the specialist and the general practitioner and is greater in the guise of the family physician than in that of the surgeon. The student is inculcated with a wrong idea of gynecology, outside of the peculiar anatomical arrangement of the female pelvic organs, and the function of menstruation, there is no special pathology of this region. From this view of the case there is no more reason to treat gynecology as a specialty than obstetrics. The majority of gynecologic cases are first in the hands of the general practitioner, and the diagnosis and decision of sending her elsewhere for treatment is with him. Surgical gynecology is not gynecology itself; there is a medical side or aspect also.

Gynecology is not a specialty in the same sense as mental disease or diseases of the eye is a specialty. Apart from the major operations, gynecology as a specialty, comes from devoting special attention to this department until the wider experience brings recognition as an authority on this system. Shall gynecology be taught as an integral part of the students training or be relegated to a post-graduate course as a specialty? He should be taught clinically and examined clinically, and "while taught as a specialty it should be taught in relation medicine surgery and obstetrics, the tripod on which the practice of medicine rests." Special stress is laid upon taking a broad view of a case.

Therapeutics.

Donald McAlister, the President of this section lays special stress upon the needs and importance of an Imperial Pharmacoepia. As chairman of the committee on revision of the British Pharmacoepia he alludes to the desire of those in charge of the work to make such additions as may be desirable to the Canadian profession. It is gratifying to see that the last revision of U. S. Pharmacopiea (1905) exhibits a marked tendency to uniformity with the British Pharmacopiea, and also empodies the conclusions reached by the International Congress on Pharmacopeal Unification at Brussels in 1902. Austria, Holland, Belgium, Spain and the United States have adopted the conclusions of the Congress, and Great Britain will do so in its forthcoming volume. These concdusinons refer solely to the unification of the strengths of drastic and poisonous drugs, and secures for them the same determinate strength in all parts of the world. An appeal is made to the Canadian profession to help make the British Pharmacopiea the standard for all peoples within the dominion of Great Britain.

Medical Reciprocity between the colonies and the Island of Great Britain is treated but is not of special interest to Americans. We have troubles enough of our own on this line!

No remarks were made other than congratulations, etc., in the sections of Surgery and Ophthalmology. The address on Physiology can hardly be abstracted with justice and we give it entire in the department of selections, as touching a question of much interest.

Syposium on Venerial Diseases.

In the Section on Hygiene and Sanitary Science, of the American Medical Association at the Boston meeting several interesting papers were read on the various phases of the social evil. (Jour. A. M. A., Oct. 20, 1906).

Morrow presented one on Publicity as a Factor in Veneria Propylaxis. The value of publicity was demonstrated by comparicon with its benefits in other evils; the magnitude of the evils of venerial diseases was shown; the loose and nearly always untruthful methods of entering these cases on hospital records was condemned; the dangers of concealment partrayed; the indifference of the public was shown to be only from ignorance of the true condition; the necessity for and practicability of publicity were demonstrated and the following specific methods of publicity suggested, viz:

"Time will permit only the briefest reference to specific methods of publicity. Since the newspaper press, the most powerful of all agencies of publicity, is not available, at least for the present, we must have recourse to other agencies of popular enlightenment—pamphlets, tracts, conferences, lectures, etc. Meetings organized by medical societies for the free discussion of these subjects and to which the public is invited constitute a most valuable means of propagandism.

Another vaulable agency in this educational campaign would be the establishment of a journal of popular medicine, devoted to the study and prevention of all communicable diseases, especially those spread in the ordinary relations of social life. A knowledge of the source, the means of dissemination, the modes of contagion and the measures to be taken to prevent the spread of these diseases, should be given in simple language, intelligible to laymen. In such a publication the study and prevention of venereal infection would enter naturally as one of the most important of the group of communicable diseases. Such a journal has already been projected and under auspices which, it is hoped, will insure success.

The brief experience of the American Society of Sanitary and Moral Prophylaxis in this educational work has shown that thousands of serious-minded members of the laity are already throughly aroused to the importance of this work. The opportunity seems to be propitious for inaugurating a general campaign of education; the public mind is receptive and ready to assimilate this knowledge. We should take advantage of the current of social reform which is now sweeping the country and which sets so strongly in the direction of publicity in all matters affecting the interests of the public."

Herdman spoke of the profession's duty and how to discharge it. He holds that we must throw aside all prudishness and go to the root of the matter in placing the knowledge that is with the profession where it will do the most good at the time most needed. Society must be informed of the pathways of the invasive and the dangers of it, and the profession must give accurate information, stamped with recognized authority.

Fallicies and misconceptions regarding venery and venerial diseases must be removed—viz: (1) contenance in sexual life is injurious to the one practicing it; (2) the standard of social life making a difference in the guilt of the

man and the woman; (3) the belief that a breach of the moral law involving moral and physical evils, can be repaired by a system of legal restraint directed to the physical evils only, especially as this restraint must be partial and incomplete.

Knowledge can be disseminated through the profession by standing committees on the matter in the national, state and county societies; boards of health and local health officers; distribution of circulars of information, etc.; the medical inspection of schools and school children, and instruction as to the nature and contagious of these diseases; city physicians; sanitary inspectors; boards of education; superintendents, and teachers in schools; church organizations; young men's and young women's chrictian associations; employers of large numbers of men and boys can do effective work; in it all the physician must take the lead, and there is a wide field of usefulness here for the women physicians.

Holton considers the state duties in the prevention of venerial diseases. The state can do but little until a healthy public sentiment is created. A system of education should be inaugurated and statistics of information gathered for use in controling the evil.

Three writers, Carrier, Whiteside and Lewis presented the question of what the public should be taught of venerial diseases. Carrier holds that it should be taught purely from the standpoint of health; hygiene of the generative organs before puberty; make the generative organs respectable in our teachings; continence is compatable with health; statistics as to prevalence; sequalae; longevity and dangers of the disease; contagiousness especially of later stages; the length of time required for a cure; inheritance of syphilis; necessity for hospital accommodations; certain amount of state control of prostitution is beneficial.

Whiteside contends the partial information we generally give, and claims that instruction in the previcious stage is the most essential; anatomy and physiology of the sexual organs should be taught before puberty.

Lewis would teach the fundamental truths of physiology and pathology and modes of disseminating the diseases; the effects upon the general health; their relation to matrimony and heredity; their curability and the indications of recovery.

The discussion following these papers was thorough and taking a wide range; the points emphasized most being that education of the public on these diseases was an essential factor in their suppression, and publicity of the evils following contamination was a close second importance. On how these are to be accomplished there was diversity of opinion, but the duty of the profession is to press forward in the work. Some advances have been made and the outlook is not so gloomy as a few years ago.

Rhubarb is one of the best agents for children. It may produce a thorough evacuation of the bowels, but on account of its astringency it does not produce a diarrhea, but in some cases constipation follows. Its secondary effect gives it much value in diarrhea, removing the debris from the alimentary canal, but not causing a continuous action of the bowels. In children use the syrup dose, 1 to 3 teaspoonfuls: —*Central States Monitor.*

Editorial Notes and Comments.

American Medicine and American Physicians.

The editor of the Journal of Physical Therapy, (issue of July 1906) asks the question as to whether we, as American physicians are inferior to, or the equals of the profession of other countries? If we, as a nation, are inferior as regards scientific investigation, to frighten people, we should acknowledge it to ourselves at least, and apply all our energies to improvement; if we are superior, then let us take our place where we belong, if we are the equals, it is time to quit humiliating ourselves to foreighn genius.

As an answer, some of the achievements of American physicians in progressive medicine are given. We gave the profession surgical anesthesia one of the two most important blessings to mankind, the second in importance being antiseptics; the first ovariotom was performed on American soil, and Marian Sims the developer of gynecology was an American. Our colleges are not fully the equal of those of the old world but a few of them as Johns Hopkins, Harvard, Yale and Columbia are the equals of any European University. Our hospitals are unsurpassed. We have two classes of journals—those representing real science and legitimate medicine and those which are issued for gain under the guise of teaching the "backwood doctor" how to treat measles, but the "backwoods doctor has followed the teachings of contributions in scientific journals, and has learned modern medicine, so that now he gives his patients as successful care as could be obtained from the European graduate.

"We do not suffer from comparison," and "if we are not the superiors of other nations, we are at least their equals, and with due credit given to other nations, to whom credit belongs, we must not fail to insist on a place with them on the same high pedestal.

The Reflexes of Dentition.

The view held by the profession one hundred years ago, that dentition was considered the most important cause of infantile disease, still plays an important part in the ideas of the laity, according to Chas. Hunter Dunn. (Jour. A. M. A., July 7, 1906). Of recent years a reaction has occurred, and there are claims put forth that dentition is a normal physiologic process like the growing of a hair, and could not possibly be cause of any morbil symptoms. Neither view is wholly correct. Many of the troubles formerly attributed to dentition, have been more thoroughly studied, and their etiology is more thoroughly understood, and it is positively known that they cannot arise from dentition, their occurrence being a mere coincidence, and many others may yet be demonstrated as due to coincidence.

The reflex theory of dentition troubles, that the various anatomic connection of the trigiminal nerve, supply through its branches, the teeth, and connected through its ganglia with the facial glossopharyngeal vagus, and other nerves of eye and salivay glands, is a beautiful one but can not be demonstrated except by clinical experience, and this proof is of doubtful validity.

The irritation caused by the tooth piercing the gum, gives considerable

pain, and the pain may be at the root of the tooth and give no visible signs of irritation in the mouth. These last often cause sudden rise of fever. The ear reflex is one of the most important in dentition, and is of frequent occurrence. In these there is congestion of the membrane tympani and the cause can be ascribed to the close relation in the direct channel of nerve communication of the trigeminal branches of which being distributed to the artery supplying the membra-tympani. Evidence is lacking to demonstrate the reflex action of dention upon the various digestive disturbances of the nervous manifestations, of babyhood.

To sum up: the commonest smyptoms seen in dentition are not reflex, but due to pain. They may arise from the tooth cutting the gum, or from irritation at the root of the tooth. The majority of symptoms attributed to a reflex irritation from the tooth are probably mere coincidence. There is a strong probability, based on clinical experience, that dentition may cause fever, disturbances of the ear and disturbances of digestion. It may possibly cause certain nervous disturbances.

Degenerates and Consanguineous Marriages.

The editor of the Journal of the American Medical Association discusses this subject, (Sept. 1, 1906) showing from Dr. Alexander Graham Bell's studies (U. S. Census Bureau) "that three times as large a proportion of the deaf children born of parents who are cousins are congenially deaf, as of children born of parents who are not thus related." Statistics from other countries verify this report. Of the blind, the conditions are even worse where the parents are cousins. There is also a suspicion that many of the mental defects of school children can be traced to this cause and the editor comes to this conclusion:

It seems clear, then, that the marriage of cousins should be discouraged in every possible way. The possibilities of offspring being deformed or defective are already sufficient appalling to make prospective parents uneasy. To increase the chances of such an unfortunate event by three or four times is enough of itself to give the most careless person pause. About one-half of the states in the Union have laws forbidding the marriage of cousins by blood and it would seem that their example should be followed by the other states.

Give Credit.

The Central States Medical Monitor wants credit for the fine things found therein and reproduced in other journals. This is but justice. The Monitor gives many things worthy of perpetuation in other journals, and we have often made clippings therefrom and always read its pages with both interest and profit. No journal is expected to be entirely original in its make-up and extracts from the labors of others is permissible, but lets give the proper credit when so doing. We do not receive any journal with a larger number of short paragraphs worthy of reproduction than is to be found in The Monitor.

Arthritic migraine can be relieved by bromide and salicylate of sodium and electricity.—*Central States Med. Monitor.*

International Medical Congress.

The editor of Medicine (Aug. '06) speaks of the picnic character of the recent International Medical Congress at Lisbon, and the degeneration generally of this medical organization. There is lots of show uniforms, university gowns, opportunity for exhibiting one's self, occasion for some advertising, but the real work is detorating, in the last congress no new discovery was announced, no important paper was read. The most that can be said of them is that they are harmless.

Special Investigation.

The editor of The Medical Council urges upon the profession the importance of special investigation, the careful noting of phenomena never observed before and properly reporting them. His arguments are excellent as well as the following advice, which is heartily commended.

"Doctors begin at once. Take up some special subject, supply yourself with books and equipment for its proper study and investigation, pursue it persistently month after month and even year after year, until you become an authority in it for your community or even your State. Then take up the next most important or interesting subject and pursue it in like manner. The education of a physician should never be completed."

Drifting.

Dr. Fitch asks the question in an editorial in his journal, (Gaillard's Southern Medicine) for October. Where are we drifting? The Medical dollar is harder to make and collect than ever before. The recognition and respect of the social and political world are gone in the cities and towns and on the wane in the rural districts. The day is past when the degree of Doctor of Medicine conferred a patent of gentility. It is deplored that the profession of Georgia as a whole or as a society has no influence with the public or the legislative in framing laws or regulating State hygiene. The medical press is in the hands of lay publishers; medical literature, hospitals, dispensaries and drug trade are also in the hands of laymen.

The remedy is in getting together and working together, for the good of the whole profession and not for personal agrandizement and individual advantage and honors.

Over Exertion in Exercise.

In commenting on the feat of Weston, the pedestrian, walking nearly one hundred miles in less than twenty-four hours at the age of sixty-eight, the editor of the N. Y. Medical Journal (June 16, 1906) offers some pertinent remarks on moderate exercise and outdoor air. Weston has been a figure in this form of athletics since the middle of last century, and the author holds that his career is a lesson in moderate exercise out of doors in comparison with the over exertion of the modern athletic, and doubts if the latter has any thing like Weston's powers of endurance. The closing paragraph of the editorial is as follows:

"It would seem that all the weight of medical opinion should be exerted in favor of the more wholesome exercise that may be secured without the necessity of enduring such severe physical strains. There has long been the im-

pression that our athletic men were not long lived and that competition exhausted so much vitality as often to leave them open to infections and to that premature breakdown that is all too frequent. For health purposes certainly moderate exercise in the open air, such as walking, is far ahead of severer exertion."

Salycilates and the "Poison Squad."

A recent press report notices a circular issued by Dr. Wiley, chief of the bureau of chemistry of the department of agriculture, regarding his experiments with giving salycilic acid and salycilates to a number of young men who volunteered to submit to the taking of food prepared with the addition of these chemicals, in order to test their effect upon the system.

Dr. Wiley says that these substances as preservatives cannot be classed as poisonous in the usual acceptation of the word, while this is so, he notes that the general effect upon the system is depressing, that the tissues are broken down more rapidly than built up, and there is decrease in weight.

We haven't the circular in question and cannot now give minute particulars of the investigations, but consider the above findings sufficient to condemn the use of these chemicals as preservatives of food.

ABSTRACTS.

Intestinal "Curds."

Ledgwick states that some time ago Uffelmann was able to show that the particles or clumps of bright or grayish white-color found in the stools of infants, and commonly designated "curds," are not, as a rule, undigested casein. The power of a word once misapplied is so great that a few lines concerning the actual chemical composition of "curds" may be of value.

Uffelmann has proved conclusively, by microscopical and chemical examination, that these curds are in reality conglomerations, at times, of fat drops (neutral fat, fatty acids, and calcium salts of the fatty acids) held together by a binding substance, the nature of which he could not definitely determine; at other times, of conglomerations composed of crystals or of tough clumps of bacteria.

The "curds" idea rests on inaccurate chemical examination. In one of the newest texts, written by an eminent clinician, without clear chemical conceptions, Millon's test is cited in proof of the casein character of these "curds." Millon's test is not a selective test for casein, but a group reaction, common to all benzol derivatives in which one hydrogen atom has been replaced by a hydroxzl group. Even mucin of the mucus attached to the clumps, or the nucleoproaeids of the intestinal secretion, will give the characteristic red when boiled with this reagent.

It is difficult for the supporters of the oider "curds" idea to explain the frequent disappearance of "curds" on discontinuing a high fat and low proteid mixture and giving, in its stead, buttermilk with from 3 to 4 per cent. proteids and almost no fat. That this is not entirely due to the peculiar condition of the casein in buttermilk, the writer has been able to convince him-

self by a series of experiments with fat-free fresh milk, prepared according to the classical buttermilk formula.

Czerny and Keller make the following statement: "Of the food constituents, which are more or less changed by digestion, proteid bodies, up to the present time (1906), even with the aid of chemical reactions, have not been certainly identified in the stools of healthy children."

The painstaking chemical work of Herman Adler, of New York, and Langstein, of Berlin, which appears in the current volume of the Jarbuch f. Kinderheilkunde, confirms the earlier results of Uffelmann.

It is to be hoped that the above-mentioned studies, together with the recent vigorous writings of Heubner and Langstein on this subject, will permanently settle what Schlossman terms the curd "legend."—*Journal of the Minn. State Med. Asso. and Northwestern Lancet.*

Chorea.

From a study and analysis of one hundred and eight cases of chorea treated at the Johns Hopkins Hospital and Dispensary, W. S. Thayer, Baltimore (Jour. A. M. A., Oct. 27), concludes that there is good reason to think that well-marked febrile symptoms, without rheumatism, occurring in chorea, especially if they are accompanied with undue rapidity or irregularity of the pulse, is at least strongly suggestive evidence of acute endocarditis. It is possible that the fever may be the sign of a deeper lying infection back of the chorea, but there is nothing in his study to settle the question whether chorea represents a secondary infection or a special localization of an infectious agent responsible for essential manifestations of the disease. The study of the circulatory conditions in old patients still remains to be carried out, but Thayer calls attention to the following points of interest thus far developed in his investigation: 1.Of 689 cases of chorea observed at the Johns Hopkins Hospital and Dispensary during one or more attacks, 25.4 per cent. showed evidences of cardiac involvement; such evidence was present in over 50 per cent. of the patients studied in the wards of the hospital. 2. Cardiac involvement occurred with somewhat greater frequency in those cases in which there was a history of acute polyarthritis than where such history was absent. 3. Cardiac involvement was commoner in cases of chorea with frequent recurrences than in those in which there was a history of a single attack. 4. In 110 cases of chorea treated in the wards of the hospital there was fever of a moderate extent in almost every instance. 5. In the large majority of the cases in which high fever was present there was evidence of cardiac involvement. 6. There is good reason to believe that the presence of fever in otherwise uncomplicated chorea is ,in a large proportion of cases, associated with a complicating endocarditis.

Enuresis.

Wm. F. Stucky makes four causes in his classification, Medicine, Oct. '06. (1) Those in the central nervous system; (2) in the urine; (3) in the bladder; (4) in adjacent organs. In the first anemia and malnutrition is the principal factor, and with them are associated nervous troubles such as epilepsy, hysteria and neuralgia. In the second, highly acid urine, and increased amount of phosphates. Cystitites

and calculus constitute the bulk of causes in the third number, with a congenitally small bladder as being occasionally found. The fourth shows adherent prepuse balanitis, phimosis, narrow meatus, pin worms, rectal fissure and rectal polypus.

The most generally used remedy is belladonna in the form of atropia 1-1,000 grain for each year of child's age. Strychnine in atonic conditions of the bladder, and sometimes ergot is beneficial. (We have found it very much so.—Editor). Chloral and bromides possess no virtue. The best combination is boric acid and salol in doses of three to five grains each every 3 or 4 hours. The seditative and antiseptic properties of these are highly recommended.

Routine Urine Examinations.

Fussell writes of the value and importance of routine examination of the urine whether disease of the kidney is expected or not. (Jour. A. M. A., July 28, 1906). The paper of Dr Cabot (Jour. A. M. A., Mar. 18-25, 1906) to an examination of urine is criticised, and fears expressed that the purpose of the paper will be misunderstood, and make the average physician more careless in urinary examinations, as the conclusions Cabot reaches would indicate that he lays but little stress on such examinations.

The author has made over 1,600 examinations of urine with a finding of 20 per cent. abnormal; the urine of over 700 patients was examined with 12 per cent., showing some abnormality. It is of value to know that there is nothing abnormal in the urine, and many cases show unexpected abnormalities. Several cases illustrating the value of routine examination are given and the following claims made:

"I therefore claim, as proven by these cases, which, of course, are not unique, that a urine examination is of the utmost value indeed, and that a tentative diagnosis only can be made without it in as many as 12 per cent. of all cases treated.

I further claim that the examination should be routine. To examine the urine only when symptoms point to the genitourinary tract is to miss the diagnosis in many important cases, and often after such symptoms appear it is too late to intervene for the patient's recovery.

I again call attention, therefore, to the absolute necessity of a clinical laboratory at each practitioner's command, if he desires to give full value of his service to his patients."

Fracture of the Patella.

J. Ransohoff, Cincinnati (Journal A. M. A., Oct. 13), considers that conservative methods are logically to be reversed for cases in which the damage is largely limited to the patella. Absence of evidence of large diastasis and crepitus would speak for non-interference, and he thinks that fractures without marked displacement of the fragments are probably more common than is generally supposed. The integrity of the lateral expansions of the quadriceps tendon is important in this connection, and he says that the ability of the patient to extend the leg or to lift it with some little assistance within a few days of the injury, might, in his judgment, be invested with the dignity of a pathognomonic sign of an intact capsule. Its presence with many patients and most surgeons should mili-

tate, he says, against operative interference, beyond aspiration of joint exudates. If non-operative measures are adopted, two factors are essential to a good functional result: First, aspirate the joint as soon as feasible; second, within ten days or two weeks, massage and passive movements should be made, and retentive dressings used only when the patient is able to go about on crutches. Only in this way can atrophy of the thigh, which is the almost constant sequel of a broken cap and a menace to the other patella, be forestalled. The chance of operation succeeding after conservative methods have failed, he considers very slight. The danger of operation is fully recognized, but Ransohoff holds it justifiable and necessary, when conditions point to an extensive involvement of the capsular expansions beyond the patella, provided always that proper skill and good environment are at command. Details of his method of operating are given. In conclusion he sums up in substance as follows: 1. Fractures of the patella are often partial and subperiosteal and call for no operative treatment, even if recognized. 2. A master of aseptic surgery may operate in every case of fractured patella in which separation of the fragments can easily be recognized. 3. When the lateral expansions of the quadriceps are involved, the indications for operation are plain, unless contraindicated by age, impossibility of securing perfect asepsis, skilled assistance, etc. 4. The proper time for operation is the first week. 5. The operation ordinarily indicated is the open operation with suture of the lateral tears and fixation of the fragments by one or other method. 6. In old standing cases with very wide diastasis of the fragments, excision of the latter with suitable tendon plastic will probably give better results than bone suture. 7. The knee joint will always remain a most dangerous field for operative interference by any but skilled surgeons, and should be a forbidden region to him who only occasionally does surgery. To him a fracture of the patella should be a *noli me tangere.*

The Open Air Treatment of Pneumonia.

W. P. Northrup, New York City (Journal A. M. A.), for over eleven years has been using free ventilation and fresh air treatment in pneumonia, and during the last year he has followed the practice of putting his patients in the New York Presbyterian Hospital for six hours a day out on the roof in all weather in which harsh high winds, rain and snow did not prevent. He gives histories of two cases, both serious, and in one of which he thinks the patient could not have recovered under other treatment. The hospital authorities are so well satisfied of the value of this method that they are making a colossal roof garden on the medical side of the hospital to be an open-air ward for these cases. The patients most favorably affected by open-air treatment are those with severe poisoning, with delirium, partial cyanosis or deep stupor. In Northrup's experience all patients do better in cool fresh air, which can be secured in private practice by screening off a portion of a room by an open window. None have been harmed, in his observation, and some have been greatly benefited and possibly saved by the cold fresh-air treatment. If pneumonia, due to an infecting agent, is thus benefited, the

value of the treatment for other infectious diseases is suggested, and, in fact, he has tried it in many others, including typhoid fever with severe bronchitis, whooping cough with bronchitis and convulsions, with excellent results. He considers it, in fact, the ideal treatment for septic fevers. The only regulation is to keep the patient comfortable and especially to keep the feet warm.

Appendicitis: The Family Physician's Responsibility.

Coffee thinks the great reduction in the death rate of appendicitis during the past three or four years is due largely to the better diagnosis on the part of the general practitioner. In a paper on the subject, (N. Y. Medical Journal, Aug. 18, '06) he deals with the medical treatment of appendicitis by the Oschner plan which is a purely negative one—no food, no cathartics, mechanical removal of all matter from the stomach, and food by the rectum. A mass of statistics is given, and comparisons of different advocates of early and late operations made, too lengthy for abstracting, and closes as follows:

"The duty of the physician, therefore, is first to acquire a realization of the fact that appendicitis is the most frequent of all the serious abdominal lesions; that many more of the dyspepsias, cramps, and acute peritonitis cases than have been formerly suspected are appendicitis. Therefore, being called to a case of serious abdominal disease of doubtful nature, his first duty is to eliminate appendicitis, then other surgical diseases, and if he cannot do this, he must take the course advised by Kelley when he says: "The duty of a physician is aptly expressed in W. W. Keen's aphorism: 'The first indication in appendicitis is to call in a surgeon.' It is the office of the surgeon to determine upon the necessity for an operation, and for this reason he should be asked to see the case in consulutation with the physician." Equal to the making of an early diagnosis and the calling of a surgeon in consultation early in the case, is the responsibility of educating the public that surgery is the only means by which a doctor can materially and permanently benefit a case of appendicitis. When the surgeon is doing his best work, when the physician is making an early diagnosis and calling surgical consultation promptly, and when the people fully realize the helplessness of medicine and the danger of the disease, the total mortality of appendicitis instead of being seven and four tenths per cent. will probably be less than two per cent."

The Etiology of Appendicitis.

(Courier of Medicine.)

Babler gives the following as his conclusions in regard to the etiology of appendicitis: 1. That the most important cause of appendicitis is disturbances of digestion. 2. That the immediate cause of appendicitis is invariably due to microbic infection. 3. That one attack of appendicitis predisposes to further attacks. 4. That acute or chronic enterocolitis may, at times, be an exciting cause. 5. That enteroliths and foreign bodies usually play a passive role, but that they tend to cause perforation and gangrene when the appendix becomes actually inflamed. 6. That general infection may frequently be the exciting cause of appendicitis.

Pharmacopeial or Proprietary Preparations. Which?

This question is asked and an answer given by Dr. Ritter (Ph.G., M. D.) (Jour. A. M. A., Sept. 1,'06). He calls special attention to the difficulty of recognizing what is really an ethical preparation, and what a "nostrum." We cannot condemn all proprietary preperations, as there is often virtue in them, but the U. S. Pharmacopea is a standard work, and must if the formula, or even better, of the various nostrums are there given. The specious and misleading character of the literature and advertising matter of the vendoos of Proprietaries is condemned and the following advice given:

If the physician would devote about half an hour each week looking over the United States Pharmacopeia, a good dispensatory, the National Formulary or a standard work on materia medica or therapeutics, he would soon acquaint himself with good, reliable and accurate formulæ and remedies, preparations which he need not hesitate to prescribe; preparations on which he could rely at the bedside, where, after all, the supreme test of the physician's skill must be demonstrated; and instead of continually racing after strange gods it would eliminate from his mind all the various uncertain compounds and mixtures—nostrums—with which he is now burdened.

Such time would be well spent. It would familiarize the physician with many a good medicament and teach him its composition, and, most important of all, it would teach him what he might expect from it therapeutically. The difficulty lies in this: the average physician devotes too little study to materia medica and therapeutics. A better acquaintance with the United States Pharmacopeia and with materia medica and works on therapeutics is most essential in combating the ever-progressive proprietary medicine evil.

Appendicitis Larvata.

Surgery, Gynecology and Obstetrics.

Kohn states that every specialist in gastro-intestinal diseases is confronted with a large number of seemingly intractable cases of stomach or bowel disease, which refuse to yield to every known method of medical treatment. The cases do not present the classic smyptoms of appendicitis but have varying attacks from simple digestion to severe attacks of diarrhoea. He reports a number of these "nervous" cases who had drifted from one physician to another to be completely relieved by an appendectomy. The appendix often shows only slight adhesions and changes due to a chronic appendicitis.

Does Syphilis in Some Cases Spontaneously Abort in the Primary Stage.

(*American Journal of Surgery.*)

Taylor states that with advancing study and experience it becomes evident that in many directions we must more or less recast our knowledge of syphilis. One of the canons of medical belief is summed up in the statement that general syphilis always follows a chancre. He states that is usually so but quotes Burnett who says, "that syphilis may follow any sort of a sore is well understood but that there are sores which, while exhibiting every characteristic of the most typical Hunterian chancre, are not followed by manifestations of constitutional syph-

ilis is not so well understood. He presents four cases of his own which apparently aborted besides a number of cases reported by other observers and reaches the conclusion that syphilis does in some very exceptional cases spontaneously abort in the primary stage.

Gastric Ulcer.

MacNevin and Herrick have made a contribution to the study of some special feature of gastric ulcer based upon the examination of one hundred pathologic speciens. (Jour. A. M. A., July 7, 1906). The special features considered are perforation duration, morphology and location, and arrive at the following conclusions:

1. Seventy-three and three-tenths per cent. occurred on the lesser curvature or posterior surface.

2. The stomach rotation during digestion, and the adhesions are partial explanations of this fact.

3. Ulcers or scars were symmterically placed on the anterior and posterior walls in 37 per cent.

4. Fibirn shreds were found in 74 per cent. on the peritoneal surface of simple ulcers.

5. Males with gastric ulceration die most commonly after thirty years of age from hemorrhage; females before thirty of perforation and peritonitis.

NEWER MATERIA MEDICA.

Hints Regarding Nasal Catarrh.

(By W. H. Wakefield, M. D., Charlotte, North Carolina.)

The season is again on us in which we see many cases spffering from acute, subacute or chronic inflammation of the nasal passages. The number of sufferers of this class is quite great and many of them have "drifted" into the opinion that "Catarrh can't be cured." Success in the treatment of any diseased condition requires a careful diagnosis followed by the intelligent application of remedies, including hygiene.

The wider my range of experience the more firmly I am convinced that nasal catarrh much more frequently results from improper habits—vices, (probably no sins against the moral law, but certainly sins against the law of life) than from any other cause.

It is needless to describe a case of nasal catarrh: Every physician is familiar with the outward signs of this condition. How do you handle these cases, is the question?

Many doctors simply advise the flushing or spraying of the nose with Dobell's sol., pocket the fee and go on their ways rejoicing. Others include cocaine in the treatment and thus add to the army of drug fiends. I want to make a plea for a dear and careful diagnosis first. Cases of nasal catarrh divide themselves into operative and not operative cases; cases that can be *cured* by operation only, and cases that need no operation, or only so trifling and operation that it is almost quackery to speak of the procedure as an "operation." First make a diagnosis, I repeat, Make it in a dark room; use nasal speculum, head mirror and a good artificial light. Apply by means of an atomizer or a small applicater, a solution of adrenalin chloride 1 to 5,000, and note effect on the turgesent

mucus membrane. If this opens up the passages and there are na septal spurs, enlarged turbines or other surgical conditions, local and in most cases, constitutional treatment pushed to the limit will cure your cases. For turgid, relaxed conditions of the inferior turbinates, the electro cautery, or chromic acid, applied in lines, from before backward, making two or three narrow burns on the surface of the enlarged inferior turbinates, will do a vast amount of good. The nasal cavity should now be kept clean, by flushing it or spraying with a non-irritating antiseptic solution, alkaline in reaction. Many formulæ suggest themselves but I find myself using Glyco-Thymoline, 1 part added to 4 or 5 parts of normal salt solution, warming it before using. This can be applied by means of the nasal douche, or by the use of an atomizer, (of which the DeVilbis's is by all odds the best) or it can be applied by sniffing the fluid from the palm of the hand. Instruct the patient to blow the nose and expell the loosened discharges, then apply the remedy again and again until the nose is clean. Keep it clean by renewed applications, 3 to 5 or 6 times daily as each case needs. Study each case carefully. The plethoric individual who over eats and perhaps imbibes too freely must reform if he expects to be cured of his chronic nasal catarrh. Local treatment will make him much more comfortable, but so long as he over eats, just so long will the nasal passages be subject to engorgement. The feeble patient needs tonics. Fowler's sol., strychnine, perhaps iron, in which case I give Pepto-Mangan so as not to interfere with digestion.

Many patients sleep under horrible conditions as to heating and ventilation. The room is often heated to a temperature of 80 in midwinter by means of a fire in a sheet iron heater, and the patients go to bed with windows and doors closed tight. Tell these patients to hang a thermometer on the wall and not let the temperature rise over 68 or 70, and instruct them to always open doors and windows and cool off the room before going to sleep. An open fire-place or grate is a great aid in ventilation—and in rooms so furnished, a smaller crack in the window is needed to admit fresh air and renew the air in the sleeping room than if the room is heated by a stove—a case or two might be mentioned by way of illustration.

A healthy woman of 40 consulted me regarding a healthy looking child of 8 years who suffered from colds in the head—attacks of ear ache and otorhoea. Careful inspection of the parts named including the throat disclosed a turgid condition of the nasal mucus membrane which all disappeared on the application of a solution of 1-5000 adrenalin. No enlargement of tonsil; no adenoid. Pharynx slightly congested. The child had suffered an earache a month or so previous and both ears were discharging. Mother and father healthy, except subject to colds for a few years.

Two or three older children not subject to colds; other younger children all subject to colds but none so bad as the little patient. On inquiry I found that the father, mother and four children under 8 years of age all slept in one room, about 16 ft. square, that the two younger children (2 and 4 years) slept on a trundle bed that during the day was rolled under a larger bed, the room was heated by a sheet iron heater, made good and hot at children's bed-

time—say 7:30 and kept so for an hour or two, or until the parents retired when the fire was allowed to go out. Two windows to the room were kept shut tight and the one door was also kept closed. The other, larger children slept in an upstairs room without fire. Note the result. Father and mother and all the smaller children were subject to colds, the other children were free from colds. The little patient was healthy except for the catarrhal condition in the upper air passages and ears. I told the mother I could do her child very little good so long as she slept under such conditions. I advised her to ventilate that sleeping room at once, letting in a little air at first, but increasing the amount of fresh air admitted during the night from week to week, also not to allow the room heated to over 65. The family doctor was using Glyco-Thymoline 1 to 4 in nose and throat, 3 times daily, and I advised its continuance; also the cleansing of the ears to prevent decomposition of the discharge. Now, note this carefully: The mother said: There must be something in ventilation doctor. When I married, my husband was a poor man and took me to live in a log cabin; the air came in between every log, large cracks were around the door and windows, the cracks in the floor were large; we were chilly all winter, but never had a cold. The older children were born there, they sleep upstairs in a cold room now, and rarely ever have a cold. My husband is a thrifty man and "got on" in the world. He said he would build us a house we could keep warm in. He made it tight; we keep warm but have colds all winter. I'm going home to ventilate. I saw her four months later, she said: We're all right now, doctor; my whole house is ventilated and your little patient is well.

Another case: A healthy looking young woman of 25. Troubled a great deal with sore throat and slight hoarseness, and had a head cold much of the time. Every change in the weather made her worse. Examination disclosed a condition of chronic pharyngitis, also turgid turbinates (these turbinates had been called polyps by a physician who had "glanced" in her nose and he had prepared to remove them) and a condition of general relaxation and congestion of the nasal mucous membrane. Chromic acid applied to the turbines and a few applications of silver nitrate, 20 grs. to the oz., to the pharynx put her on the road to recovery. Her nose and throat were sprayed 3 times daily and to combat the habit of taking cold, she took a cold sponge bath followed by a brisk rub every morning. At first this bath was with tepid water, daily the temperature was reduced until cold water was used. No other treatment was indicated as she was in good health except the vicious habit of taking cold. I could report hundreds of similar cases that were of great interest to me. They suffered from nasal or pharyngeal catarrh: they belonged to the non-operable class of cases: they needed local treatment and advice and instructions regarding the hygiene of their bodies, some violating the laws of health in one way, some in another and all being benefited in direct proportion to their vitality and the attention they were willing to pay to proper living and to the careful treatment of their diseased parts.

Purgatives act better when given combined rather than given alone.

Suggestions in the Treatment of Diseases of the Respiratory Tract.

(By J. F. T. Jenkins, Ph.G., M. S., M. D., Los Angeles, Cal.)

A marked advance in therapeutics has taken place in the last few years and many new remedies have been introduced which after careful clinical tests have been found to be vastly superior to former methods of treatment. A drug which has attracted considerabble attention is the new morphine derivative heroin. It has been brought before the profession for the purpose of allaying cough and to take the place of codeine as a more efficient substitute. Its action in relieving cough and dysponea is much more prompt and decided, and the frequent deleterious after-effects of codeine and morphine —nausea, vomiting, headache, constipation, gastric pains, tinnitus, and visual hallucinations—have never been observed during its administration. Results are equally as good with children as with adults, and it has now taken a permanent place in the armamentarium of the physician.

Some time after the introduction of heroin, while I was Acting Assistant Surgeon in temporary command of the station for the United States Marine Hospital Service, I had a number of government patients, sailors of the merchant marine, at the Los Angeles Infirmary (Sister's Hospital) under my professional care. In one case of persistent cough, which was extremely distressing to the patient and harrassing to his friends, I tried everything I had heretofore used, without obtaining even partial relief. The then resident physician, Dr. M. M. Kannon, urged me to try a new combination of heroin with other drugs, known as Glyco-Heroin (Smith), made by Martin H. Smith Company, of New York. Acting upon this suggestion, I gave a prescription for a few ounces of this preparation to be given in teaspoonful doses every four to six hours until relieved. The good effect was immediate and pronounced, and from that time to the present I have had positive results in relieving cough that I had failed to obtain in my previous experience of a quarter of a century in the active practice of the medical profession. Before giving it in the case mentioned I was inclined to be sceptical, notwithstanding the frequency of favorable reports in regard to it by respectable medical journals and leading professional men. I had tried without satisfactory results the usual mixtures "Heroin Comp." of which there are so many without merit, failing entirely to accomplish all that heroin can be shown to do in using the preparation indicated. To satisfy myself still further and to remove a doubt in my mind that this might be an exceptional case or a mere coincidence, I was induced to give it a trial in a series of selected cases of a similar character. The result was so satisfactory that I feel constrained to add my testimony to that of others and place the record of cases before the profession: first giving a brief prelude dealing with the component parts of the prescription and its applicability in the treatment of all pulmonary and laryngeal diseases, followed by the expressed opinions of some eminent medical men as to the curative action of heroin, the most important drug in this excellent combination.

Glyco-Heroin (Smith) is a true solution of heroin in glycerine; each teaspoonful represents one-sixteenth of a grain of heroin, with ammonium hy-

pophosphite, hyoscyamus, white pine bark, balsam of tolu, with glycerine and aromatics. A glance at this formula shows a happy selection of drugs adding to the palliative effect of the heroin and each possessing decided curative properties of its own. It gives the physician an elegant pharmaceutical preparation, strictly ethical in character, a trial of which will satisfy him that it excels any single drug or combination of drugs in the materia medica. Limitation of space prevents an exhaustive consideration of the individual therapeutic virtues of the ingredients mentioned. With the exception of heroin, all are so well known that a very minute detail of their virtues is not necessary. It is important, however, to notice that the value of each seems to be increased tenfold, and the special sedative action intensified in the uniformity exact proportions adhered to by the Martin H. Smith Company in its manufacture. Referring again to the first component and most essential drug in this prescription—heroin—a recent writer says: "Though of recent date, this drug has already evinced its pronounced efficacy as a bronchial and pulmonary sedative and as an agent facilitating and promoting expectoration."

In the Boston Medical and Surgical Journal (Feb. 22, 1900), Dr. Geis pronounces heroin "an eminently satisfactory agent in loosening and expelling stagnant products from the lungs."

Dr. H. D. Fulton, in the New York Medical Journal, refers to it as a "veritable boon to the consumptive as a palliative in cough."

In the Journal of the American Medical Ass'n, Dr. W. Freudenthal states that the "irritable cough in tuberculous patients frequently yields to the administration of heroin, and this occurs in cases in which both morphine and codeine have proved inefficient." The same writer considers it useful also in asthma and pseudo-croup.

W. H. Ambrose, M. D., of Cincinnati, O., reports as follows: "An agent like it, which diminishes the frequency of respiration and increases its force, finds a large field of application in conditions of dyspnoea, as in nervous asthma and difficulty of breathing in cases of emphysema, chronic bronchitis, and especially phthisis.

Dr. E. R. Mitchell believes "it may be advantageously given in the cough and dysynoea of tuberculosis over a long period of time" while Dr. Morris Manges found it "a valuable aid in the treatment of pneumonia, alleviating the pleuritic stitches and the distressing cough. It acted well in some cases not relieved by codeine.

A number of European authorities might also be quoted, notably Prof. Leo, who speaks of it in a German medical publication as a "specific in affections of the bronchi attended with dyspnoea and in emphysema."

So much for heroin, with a great deal unsaid which might be justly stated in its favor. The ammonia hypophosphite and hyoscyamus each speak for itself. The peculiar virtues of white pine bark in checking night sweats and in allaying all inflammatory conditions of the bronchial mucous membrane, need only to be mentioned to be appreciated. That pleasant and palatable aromatic stimulant, balsam of tolu, together with glycerine, completes the prescription known as Glyco-Heroin (Smith), now so well established by the evidence of experience.

The clinical reports of many practitioners in wildely separated parts of

the world attest that this combination of remedies will quiet cough, remove dyspnoea, relieve pain, aid and regulate expectoration, control night sweats and cause the worn-out pulmonary invalid to add to his weight and build up his general health.

The clinical evidence as shown by these carefully-kept records has thus demonstrated that this preparation possesses qualities of unusual merit, that it contains elements within it calculated to reach the morbid state in which the symptoms originate and to correct the predisposition to further trouble.

I have used Glyco-Heroin (Smith) in the treatment of all disorders of the breathing apparatus, including coughs, phthisis, laryngitis, asthma, bronchitis, pneumonia, and whooping cough. The following history of cases will give some idea of its wide range of usefulness.

In addition to my personal experience, I have reports from Dr. L. T. Holland, late coroner of Los Angeles Coutny, and from Dr. Jos. Jauch, of this city, formerly of the Univ. of Wurzburg, Germany.

Dr. Holland says he prescribes Glyco-Heroin (Smith) in preference to every other preparation of a similar nature, particularly for the relief of cough in its various forms. He speaks of its innocuous but powerful analgesic and antispasmodic properties. He closes a brief account of the good results he has obtained by stating that it has more than fulfilled his expectations.

Dr. Jauch states that he has at last found a valuable mixture that combines the two important elements of palatability and effectiveness. He has found it agrees perfectly with the most sensitive stomach. He continues: "I have found it the most efficient agent I have yet used in subduing the hyperaesthesia of the respiratory mucous membrane. I have used it successfully in the treatment of most affections of the air passages, particularly for the relief of cough, obstinate cases of bronchitis, in severe laryngeal cough, and in many distressing cases of tubercular cough of an aggravated character which has resisted all other medication."

The striking and surprisingly good results so uniformly obtained in the administration of this remedy can be fully verified by any unprejudiced trial in which it is tested. Such a trial may be made without hesitation, for notwithstanding its therapeutic advantages it possesses the virtue of absolute harmlessness. When physicians of the professional standing of Francis W. Campbell, M. A., M. D., D. C. L., L. R. C. P., London, Dean and Professor of Medicine, Univ. of Bishop's College, Montreal; and Dr. J. Leffingwell Hatch, late Professor of Laryngology in the New York Clinical School of Medicine, Pathologist to the Philadelphia Hospital and formerly Sanitary Inspector in the Marine Hospital Service, give this preparation their unqualified endorsement, their opinions founded on the actual treatment of a large number of cases, it is apparent that these positive, unlimited, and clear results must gain for this remedy a still fuller recognition, and lead untimately to its universal acknowledgment as the best remedy of its class for the purposes indicated in these reports and in clinical reports of prominent medical men in England and her colonies, in addition to the favorable testimony of many American physicians from Canada to Mexico to California.

A Good Remedy in Many Conditions.

Thos. G. Rainey, M. D., L. R. C. P., Resident Physician, British Medical Institute, Atlanta, Ga., in a recent article staes, that the combination of drugs, antikamnia and codeine in the form of "antikamnia and codeine tablets," which has been so largely used for the control of cough, is also being successfully employed, to a large extent, in the treatment of nearly all affections of the respiratory tract, which are accompanied by dyspnoea and spasm, namely: bronchitis, laryngitis, phthisis, whooping cough, hay fever and grippal affections. In cases in which the patients were suffering from the severe attendant pain of these diseases, it was found that this combination acted most satisfactorily. Each tablet contains 4 3-4 grains of antikamnia and 1-4 grain sulp. codeine. To administer these tablets in the above conditions, place one tablet in the mouth, allowing it to dissolve slowly, swallowing the saliva. In the various neuralgias, and in all neuroses due to irregularities of menstruation this tablet affords immediate relief, and the relief is not merely temporary and palliative, but in very many cases curative. The dose most satisfactory is one tablet every half hour until four are administered.

Coca Bases.

W. H. R., Chicago, Ill., writes to the editor of the Coca Leaf: "In the analysis of Vin Mariani I notice 'Coca bases.' If this means the alkaloid cocaine, why not say so plainly?"

Coca bases means precisely what it designates, *i. e.*, alkaloidal bases of the Coca leaf, of which cocaine is but one among many. The several Coca bases, while chemically analogous, differ markedly from each other in physiological action. Thus, while cocaine acts chiefly upon the central nervous system, other Coca alkaloids, as *ecgonine, benzoyl ecgonine cinnamyl-cocaine* etc., act directly to stimulate muscle fibre while having little if any anæsthetic action, direct or remote.

The alkaloidal yield of Coca varies with the quality as well as with the variety of leaf used. The large Bolivian leaf being rich in cocaine to the exclusion of the other alkaloids, is employed by chemists for the extraction of cocaine, while the small leaf varieties inversely being low in cocaine and rich in aromatic bodies and those alkaloids which act upon muscle, are employed medicinally for such physiological properties. A blending of these latter varieties of aromatic Coca is employed in the preparation of Vin Mariani. It is the refinement of selection of appropriate Coca from long years of experience, and skill in its preservation and manufacture, to which this unique tonic owes its restorative properties.—The Coca Leaf, March, 1905.

The therapeutic properties of Seng have been favorably commented on by many practitioners, especially as to its availability in atonic dyspepsia. Dr. J. W. McNabb, claims that it is not so good in fermentative dyspepsia but contends that in all cases dependent on want of tone or lack of peptic secretions it is a valuable remedy. He states that in convalescence from fever, enteric disorders and a general run down condition, the action of Seng is most perfect.

Elix. valerianate of ammonia, dose one teaspoonful, is an efficient yet mild antispasmodic.—*Monitor*.

A Unique Remedy.

I find Angier's Petroleum Emulsion of benefit, not alone in tuberculous cases where it occupies so large a place but also in many cases of general debility, anemic conditions and wherever the nutritive processes of the system are faulty it supplies nourishment and medicine at the same time. I have a few cases of chronic bronchitis that find it the only thing to stand them along through the winter—these "winter coughs" that we do not expect to cure, especially in elderly people, but which we must alleviate. Young or old take this remedy with equal facility and assimilate it alike. Angier's is unique in its field, which is a large one. —A. P. Reed, M. D., Naples Maine.

In cleansing the external ear and canal in cases of eczema of these parts, I use pledgets of cotton, moistened in Listerine and warmed over the flame of a lamp. With these I "scour" the canal, then dry it thoroughly and anoint the parts with an ointment composed of one grain of yellow oxid of mercury to one grain of vaseline, making daily applications as long as needed and the reducing the frequency of the applications as indicated.

The neutrality and general purity of the salts entering the composition of Peacock's Bromides have been attested to by eminent chemists. This assurance in its purity and uniformity is of great moment to the general practitioner when he desires to employ a continuous bromide treatment. It is a palatable preparation and as each fluid drachm contains fifteen grains of the combined bromides, the dose is easily adjusted.

Fothergill, one of the highest English authorities on medicine, says that no treatment of respiratory affections is complete without appropriate tonic treatment. This explains why Gray's Glycerine Tonic Comp. is so uniformly effective in both acute and chronic forms of bronchitis and laryngitis. It relieves the smyptoms because of its local antiphlogistic properties and eradicates the disease because it antagonizes the ever-present element of systemic depression.

The unique therapeutic value of Gray's Glycerine Tonic Comp. can be best proven by a trial in those cases of general debility that have resisted all other tonic and reconstructive medication.

Educating the Laymen.

Dr. Mayo referred to a significant condition, namely, the ignorance of the layman in regard to the fundamental truths of modern medicine. His view is that of the profession a quarter of a century ago. The young mother is taught by her mother who was taught by the family physician twenty-five years ago. This should not be tolerated. We should not permit our intelligent patients to receive their education from the grand mothers and patent medicine advertisements. What is scientific medicine? What should be required from the physician? Other just as important questions should be answered explicity in our daily intercourse with the people.—*Courier of Medicine.*

In the presence of large masses of glands in the epigastrium, especially on the right side, examine the testicles for new growth.—*American Journal of Surgery.*

BOOK REVIEWS.

THE SEVENTH EDITION, *Revised and Enlarged of Blakiston's Compend of Materia Medica, Therapeutics and Prescription Writing, by Samuel C. L. Potter, M. D., M. R. C. P.* London. P. Blakiston's Son & Co. Philadelphia, Pa.

The text of this edition has been thoroughly revised and brought into conformity with the eighth revision of the U. S. Pharmacopœia. Twelve new articles and forty-three new paragraphs on important drugs have been inserted, and sixteen articles have been re-written. Material considered obsolete, or comparatively unimportant, has been removed; but the insertion of so much new matter, and the adoption of a wider-faced type, have added thirty-seven pages to the book.

While the book is intended mainly for medical students and brevity of statement is one of its principle features, at the same time, the essentials of the subject have been kept in view, and the preparations noted under each title are those in general use.

A MANUAL OF OTOLOGY, by Gorham Bacon, A. B., M. D., Professor of Otology in the College of Physicians and Surgeons, Columbia University, New York; Aural Surgeon, New York Eye and Ear Infirmary, with an Introductory Chapter by Clarence John Blake, M. D., Professor of Otology in Harvard University; Fourth Edition, Revised and Enlarged. 134 illustrations, 11 plates. Lea Brothers & Co., New York and Philadelphia, 1906.

This volume of about 500 pages is a credit to the author and publishers alike, as both have done their work well. The demand for a fourth edition so early should be gratifying to the author and is convincing proof that the work has found a place for itself. The primary purpose in the mind of the author in writing this book was to make it a student's text book, but so well was his work done, that many busy practitioners have found it extremely useful. After two chapters devoted to The Anatomy and Physiology of the ear and methods of examination the author treats in detail Diseases of the Auricle, Diseases of the External Auditory Canal, Diseases and Injuries of the Drumhead and Middle Ear, Acute Purident Otites Media, Adenoid Growths, Enlarged Tonsils Diseases of the Nasal Passages, Chronic Catarrhal Otites Media, Chronic Suppurative Inflammation of the Middle Ear, Granulation and Polypi, Caries and Necrosis of the Temporal Bone. Diseases of the Mastoid Process, Intracranial Complications, Diseases of the Sound-Perceiving Apparatus, Deaf Mutism, also an appendix, completely covering the ground.

In preparing the matter for this edition advantage was taken of the opportunity to make a thorough revision of the text resulting in the addition of about forty pages, including many illustrations and plates.

Among the new topics considered may be mentioned Osteomyelitis, Primary Jugular Bulb Thrombosis and Suppurative Inflammation of the Labyrinth.

HANDBOOK OF ANATOMY: *Being a Complete Compend of Anatomy, Including the Anatomy of the Viscera and Numerous Tables.* By James

K. Young, M. D., Professor of Orthopædic Surgery, Philadelphia Polyclinic; Clinical Professor of Orthopædic Surgery, Woman's Medical College of Pennsylvania; Instructor in Orthopædic Surgery, University of Pennsylvania; Fellow of the College of Physicians, of Philadelphia; Fellow of the Philadelphia Academy of Surgery; Fellow of the American Orthopædic Association; Member of the American Medical Association, etc., etc. Second Edition, Revised and Enlarged, With 171 Engravings, Some in Colors. F. A. Davis Company, Publishers, 1905.

This the second edition of the Handbook of Anatomy by Young has been revised, parts rewritten, enlarged, new illustrations, added and number of illustrations increased from 76 to 171; there is noted also a number of new full page cuts. This is not only a splendid students manual but will be of ready service to the busy practitioner. The book is tastefully bound, of clear print and heavy paper and we predict this edition will be more quickly sold than the first.

Chemistry: *General Medical and Pharmaceutical, including the Chemistry of the U. S. Pharmacopoeia.* A Manual of the Science of Chemistry and its Applications to Medicine and Pharmacy. By John Attfield, F. R. S., M. A., Ph.D., F. C. S., etc., Professor of Practical Chemistry to the Pharmaceptical Society of Great Britain, etc. New (19th) edition, specially revised by the Author to accord with the New U. S. Pharmacopœia, edited by Leonard Dobbin, Ph. D., F. I. C., etc., Lecturer on Chemistry in the University of Edinburgh, etc. 12mo, 760 pages, illustrated. Price: cloth, $2.50, net. Lea Bros. & Co., Philadelphia and New York. 1906.

The revision of Attfield's Chemistry was confided by the author to Mr. Leonard Dobbin, of the University of Edinburgh and examiner in Chemistry on the Board of Examiners for Scotland of the Pharmaceutical Society of Great Britain.

The work has been brought thoroughly up to date and to accord with the most recent Pharmacopœias of the United States and of Great Britain. The original plan of the book has been strictly adhered to, as seventeen large editions in the United States and eighteen in Great Britain are an evidence of the approval of the profession's of Medicine and Pharmacy in the two great English speaking nations of the world.

The author's ideal has been to produce a Manual of Chemistry for Medical and Pharmaceutical students, one in which not only the science of Chemistry is taught, but in which the chemistry of every substance having for the followers of Medicine and Pharmacy, at more or less length, and in proportion to its importance and its position in relation to the leading principles of Chemistry, is set forth with all attainable exactness. The extent to which he has realized this ideal he leaves to others to decide.

Volume 3, No. 3 of Progressive Medicine covers diseases of the Thorax; Dermatology and Syphilis; Obstetrics and Diseases of the Nervous System.

We have spoken so often in a complimentary tone of this valuable publication it is unnecessary to say more than that its usual standard of excellence is

maintained and that every page contains much of the meat of recent medical literature. Every progressive physician and those physicians who wish to become progressive should read the quarterly regularly.

Blakiston's Quiz Compends! The latest of these most excellent compends is just from the press and treats of Genito-Urinary Diseases and Syphilis, including their Surgery and Treatment, by Charles S. Hirsch, M. D., Assistant in Genito-Urinary Surgical Department Jefferson Medical College. Fully illustrated. Price $1.00.

The author has succeeded in making this little book more than a Compend; he has given us a book that many practitioners will welcome as it gives them much in little space; the facts of the subject are tersely told, unnecessary detail and rare affections being omitted. Of course a description of the surgical anatomy of the parts preceeds the technic of the various operations; the newer aids to diagnosis, cystoscopy; ureteral catheterization; cryoscopy; x-ray, etc., are fully dealt with.

On January 1, 1907, the three excellent medical publications, The Therapeutic Gazette, Medicine and the Medical Age, will be consolidated and will appear on the 15th of each month under the title of "The Therapeutic Gazette. We regret to lose "Medicine" and "The Medical Age," but the publisher, Mr. E. G. Swift, of Detroit, promises all that is best in the three journals, will be retained. The Therapeutic Gazette is one of the very best of our medical publications and we predict for the enlarged periodical remarkable success.

Newspaper Notoriety.

Consistency is often so rankly inconsistent that one flounders in an attempt to seek, by example, what is right. Almost daily on the front page of New York papers it is announced that Dr. William T. Bull performed an operation on one of the afflicted 400; Dr Janeway "was in attendance"—or issued a bulletin, or some other equally well-known leader of the profession is brought before the publis eye. Verily, to him that hath shall be given, and to him that hath not, even that which he hath shall be taken away. The question of newspaper notoriety is as much a matter of individual choice as the cut of one's hair or the style of coat he wears. If a man desires conspicuosity he wears his hair in a cascade over his shoulders, and long jim-swinger of stern and glossy blackness. If one chooses publicity through the press, he may have it abundantly, or he may totally avoid it, as he chooses.

In general it is stipulated as rather poor taste to be paraded professionally in the daily press, and most men shun it as they do long hair and frock coats. There are, however, extenuating circumstances which at times offer in vindication. But beware, ye lesser fry thy name and deeds must be jealously guarded from the public eye, lest ye be placed among the goats; and let those who are strong beware how they lead the weak, for the pitfalls are many and the road is rough that leads to professional success.—*Editorial Southern Med. and Surg., Aug.* 1906.

The first Japanese woman who studied medicine in Germany is Miss Lada Urata, and she has been made professor, *honoris causa*, by her own government.

MEDICAL NEWS AND ITEMS.

On Nov. 7th the Fifth District Medical Society of North Carolina was organized in Maxton with Dr. J. H. Marsh, of Fayetteville, President; Dr. L. R. Kirkpatrik, of Maxton, Sec. and Treas.; and the presidents of the various county medical societies in the district as ex-officio vice-presidents:. Dr. B. F. McMillan, of Red Springs, is chairman of the executive committee, the other members of this committee being J. V. McCougan, of Fayetteville, and W. T. Pate, of Scotland County. The committee on constitution and by-laws consists of Dr. A. B. Croom, Maxton, chairman, and Dr. J. F. Highsmith and Dr. Peter John, of Laurinburg. Dr. A. S. Rose, of Fayetteville, was elected chairman of the committee on program, Dr. T. L. Northrup, Parkton, and Dr. D. M. Prince, Laurinburg, being his associates. The following counties compose the fifth district: Robeson, Scotland, Richmond, Cimberland, Harnett, Moore, Montgomery and Chatham.

The annual meeting of the Imperial Cancer Research Fund was held in London, July 25. The report of the Executive Committee, says the Journal of the American Medical Association, gave a sketch of the work done during the past year. Various "cancer cures" were examined, the report states, but investigation failed to show that they had any value. Dr. Ernest Bashford, the general superintendent, in his report stated that the results of the investigations made during the past three years of the fund's existence in spontaneous development of cancer in human beings had led to an alteration in the details of the work. He pointed out that the facilities for ascertaining the occurrence of this disease in native races and within different geographical areas are unique. He also gave some interesting statistics concerning cancer in native races. In referring to the experimental work, Dr. Bashford stated that the results "only indicate the possibility of rendering normal mice unsuitable for the growth of experimental cancer. They have not enabled us to arrest the progress of experimental tumors, far less to effect the cure of the disease occurring naturally.."

The section of medicine and hygiene at the recent Colonial Congress at Paris in June passed resolutions, says the Journal of the American Medical Association, advocating the abolition of opium-smoking dens throughout the French colonies, also advocating the creation of a central institute for parasitology, human and animal, in all the colonies, with a sanitary police to take charge of epidemics and epizootics, and that the committees in charge of the erection of prisons should always have a representative of the medical profession among their members. Another resolution called for the appointment of a special commission to study beriberi. Brault reported nineteen cases of epithelioma in Arabe, and Jeanselme and Nicolle presented exhaustive studies of the pathology and medical organization of Siam and Tunis.

The Pennsylvania Society to Protect Children from Cruelty has arranged, says an exchange, to have every child with whom it deals, from families where drunkenness, immortality, and cruelty are rife, carefully examined

physically and mentally to determine not only the presence of any immediate disease, but whether there are any lurking symptoms of disease or any mental retardation which would still further the child's chances of becoming a diseased and suffering citizen. The Philadelphia Board of Health has given the services of two of its medical inspectors, Dr. Alexander C. Butcher and Dr. Lewis C. Wessels, who visit the homes five days a week and examine the eyes, ears, nose, and throat of from ten to eighteen children, and Dr. Alfred Gordon follows with careful mental examination. A card catalogue of pathologic conditions is kept, and the consent of the parents is secured, whenever possible, for operations which may be deemed necessary by the examining physician.

On August 24 the New York State Department of Education announced that as a result of the conference between the States of New Jersey, Michigan, and Ohio, formal agreements for reciprocity in medical licensure have been entered into between the States of New York and New Jersey, Michigan and Ohio, during the school year just closed. The basis upon which reciprocity obtains between these States is a license earned on examination in either one of them. The candidate must present credentials from the officials of the State board of medical examiners which licensed him, showing that at the time of such application he is a reputable practitioner. Provision is made for the inspection of the qualifications of an applicant either personally or professionally when there are reasonable doubts of his qualifications. The agreement has been signed by the representatives of the State boards of health and the education departments and remains in force until rescinded by formal action.—*Medical Age.*

Five Fanatics, says the Medical Record, were censured in a verdict rendered by a Rochester coroner recently on the death of a young woman from meningitis. This girl was ill eleven weeks, and was attended only by so-called Christian science "healers," their treatment consisting of prayer and endeavoring to impress upon the mind of the girl that she was not ill, and if she but realized she was "the ideal child of God" her illness would be overcome, and she would be well. The coroner recommended that the Health Bureau proceed against these "healers" under a city ordinance for neglecting to report an infectious disease.

The Superior Court of California has granted an application for divorce on the ground of pulmonary tuberculosis. A wife applied for divorce, and in her application alleged that before the marriage was contracted she asked her prospective husband if he was perfectly sound and healthy, and received every assurance that he was free from disease. Subsequently, after the marriage was consummated, it was proven that he was suffering from tuberculosis, and the court held that the existence of this disease was sufficient to warrant the annulment of the marriage.

Dr. Andrew MacPhail, editor of the Montreal Medical Journal, is the author of a book highly spoken of, and which has just appeared—"The Vine of Simbah."

Four immigration inspectors sailed recently to determine the cause for the great increase of late years in the number of cases of trachoma among immigrants. For sixty days prior to August 4, the Department of Commerce and Labor had assessed in fines on steamship companies $8,100 for bringing into this country diseased aliens, most of them suffering from trachoma. For every case proved against the steamship companies a fine of $100 is collected, and the companies are compelled to return the diseased immigrants to the port of embarkation. It is believed that the fault lies with the system of health inspection at the ports of departure.

The Rockefeller Institute for Medical Research has offered scholarships to assist investigations in experimental pathology, bacteriology, medical zoology, physiology and pharmcology, and physiologic and pathologic chemistry, to be carried on in the laboratories of the Institute in New York City. The value of these scholarships ranges from $600 to $1,000. They are open to men and women who are properly qualified to undertake research work in any of these departments and who will devote their entire time to study. The term of service begins preferably October 1, but by special arrangement may begin at another time.

Cholera in the Philippines, although more virulent in its outbreak than the epidemic if 1902, according to late advices has been got under partial control. The sale of foodstuffs liable to infection has been interdicted, and it is hoped to confine the disease to the native quarters.

Among the members of the medical profession in foreign countries who have recently died are Dr. Alexander Bogdanoff, professor of pathology in the University of Odessa, aged fifty-two; Dr. Juan Gonzalez, a well-known physician of Granada, aged ninety-two; Dr. Felix Rymowicz, a leading ophthlamology in the University of Kansan; and Dr. Filipp Dosjankoff, emeritus professor of anatomy at St. Petersburg, aged seventy-nine.

The Chicago Medical Society has appointed a committee of three pathologists to co-operate with the Chicago Commercial Association and the Illinois Maunfacturers' Association in an investigation of the stockyards. One of the questions which it is especially desired to study is whether carcasses affected with local tuberculosis are fit for food after the diseased parts have been removed.

Dr. W. S. Elkin, dean of the Atlanta College of Physicians and Surgeons will succeed the late Dr. Hunter P. Cooper in the chair of gynecology and obstetrics. Dr. Elkin has for many years been a constant associate, and connected in a business way with the late Dr. Cooper. Dr. W. S. Goldsmith has succeeded Dr. Cooper in the Elkin-Cooper Sanatorium, which is now to be called the Elkin-Goldsmith Sanatorium.

Dr. R. B. Baker, of Hickory, died in his home on Tuesday, Nov. 6th. He was the oldest practitioner in Hickory, being about 85 years of age. He is survived by his wife and one daughter, his two sons having preceded him to the grave.

Dr Gin Wai Chan, a graduate of the class of 1906, National Medical University of Chicago, has been notified by the secretary of the board of health that he has successfully passed the examination for a license to practice medicine in Illinois, says an exchange. Dr. Chan was sent here by the Chinese government to study medicine, with a view to preparing him for the chair of surgery in the Imperial University at Pekin. It was through the Empress Dowager that the student was sent to Coicago to gain a medical education. It is said that he is the first Chinaman to pass the examining board of Illinois. Although a number of Chinese students have attended other colleges, none of them has successfully passed an examination.

Dr. Frank Billings has filed in the probate court of Lake county (Chicago) a sworn claim for $25,000 against the Marshall Field estate. The bill is for seven days' professional attendance on Mr. Field in a New York hotel when he was suffering from the attack of pneumonia that caused his death. The fee is believed to be one of the largest ever charged by a physician in the United States for services that did not include the performance of a surgical operation. It has been announced that there is no intention on the part of the trustees of the estate to contest the claim of Dr. Billings. They readily accepted the papers in the case.

After 1910 the Illinois State Board of Health will not recognize medical colleges that fail to require at least nine months of work in chemistry, biology, and botany in a high-school course, in the entrance conditions.

The Simon Fund of $25,000 for the furtherance of research on syphilis has been divided between Professor Neisser, of Breslau, who receives $20,000, and Dr. J. Siegel, who receives $5,000. Dr. Lesser has been awarded $1,500. The trustees of the Pettenkofer Fund, at a meeting recently held at Munich, unanimously awarded the prize founded in memory of the great hygienist to Dr. Schaudinn for his discovery of the parasite of syphilis. The amount has been paid to Dr. Schaudinn's widow.

The Boston Medical and Surgical Journal says that, as an outgrowth of the Society for Psychical Research, a new organization, to be known as the American Institute for Scientific Research, has been granted a perpetual charter by the State of New York. The objects of the institute are to organize investigations in abnormal psychology and to extend knowledge of the subject along scientific lines.

The date set for the meeting of the American Medical Association at Atlantic City is June 4, 5, 6, and 7, 1907. An endeavor was made to arrange dates with the executives of the Congress of Physicians and Surgeons, so that the meeting of one body should immediately follow that of the other, but this was found to be impracticable.

An association has been formed at Stoughton, Mass., for the purchase of land and erection thereon of a sanatorium for the treatment of tuberculosis. A site has already been purchased on high ground, the highest between Narragansett Bay and Boston, and it is proposed to build on it a model institution to cost $100,000.

A Merger of St. Louis Medical Journals.

We understand that the St. Louis Medical and Surgical Journal has combined with the Medical Mirror. The former Journal is absorbed in the latter. The Journal reaches back to 1843 when St. Louis was a country town in the wilderness.

Milk licenses can be revoked on sufficient grounds by the health department of New York City, so the Appellate Division of the Supreme Court has decided. A certain milk company tested this question by suing the city to recover $30,000 damages for destroying its business by revoking its license. The board contended that the company's dairies were found to be in a filthy condition, and its milk adulterated and unwholesome. The court unanimously sustained its action.

Dr. Alexander Hugh Ferguson was recently informed by the Portugese consul at Chicago that King Carlos, of Portugal, had awarded him a commandership in the Order of Christ of Portugal. This is the highest decoration the king of that country can bestow on any person outside of royalty.

Three cases of typhus fever are said to have developed in Winnipeg. The statement is made in the public press that there has been no typhus in Canada for fifty years. Five thousand are said to have died of it in Montreal at that time.

The United States cruiser Columbia recently sailed for Boston from Porto Rico with 300 marines on board, of whom 165 were suffering from malarial infection contracted at Panama.

Dr. King of the U. S. Public Health and Marine Hospital Service, who has been in Montana studying the manner of infection of spotted fever, states that he has confirmed the theory of the the agents of ticks in transmitting the disease, having succeeded in inoculating animals in this way.

At the meeting of the Association of Military Surgeons, held in Buffalo recently, it was announce dthat the Enno Sanders prize had been awarded to Major Pilcher for an essay on "The Training of the Medical Officer of the State Forces to Best Qualify Him for Local Service and for Mobilization with National Troops."

A firm of dentists at Los Angeles, California, has unsuccessfully appealed against a verdict awarding damages of $2,400 to one of its patients. During the extraction of seven teeth, one slipped from the forceps and passed into the bronchus.

In the will of Edward Crane, of New York, who died recently, there is bequethed to the Army Medical and Surgical Library at Washington a copy of the very rare work, "Clowes on Gunshot Wounds," which was published in 1596.

The New Jersey State Board of Health has traced the recent outbreak of typhoid fever in Trenton to the milk supply, and has announced that several dealers are to be prosecuted.

The Sultan has authorized the opening of a subscription for the funds necessary to construct a maternity hospital in Constantinople, and has started the collection with a liberal donation.

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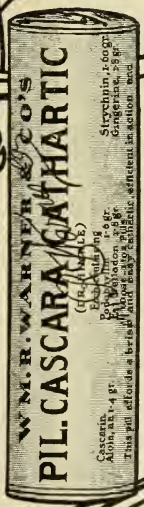

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Tubercolosis and cholelithiasis are only very rarely associated.

The possibility of gastric cancer must be considered in cases of supposed pernicious anemia.

In seeking the source of an obscure sepsis, do not overlook an examination of the ischiorectal region.

In catarrhal icterus the pulse is usually slow; in jaundice from cholelithiasis this is usually not the case.

In persons of middle age presenting gastric symptoms, the diagnosis of cancer should not be excluded because the symptoms have had a sudden onset. Such an onset occurs in a fair proportion of cases.

A sudden desire for sharp, sour and spicy articles of food in a middle-aged or elderly person is often the first symptom of a beginning gastric carcinoma.

If a patient vomits coffe-ground material in which no lastic acid is present, one can almost always exclude carcinoma.

The use of any considerable quantity of iodoformized gauze in the vagina involves the risk of a severe dermatitis of the vulva.

Gradually increasing hoarseness in people past middle age, without definite cause, and with a history of pain radiating to the ear, is suggestive of malignancy.

One of the most important elements in the treatment after intestinal operations is the administration of opium or morphine in large doses for the purpose of "splinting" the peritoneum.

If pressure in the right hypogastrium gives rise to a referred pain in the shoulder region, the offending area is probably the gall-bladder and not the pylorus.

A bichloride of mercury dressing should never be applied on an area of skin on which tincture of iodin has been recently painted. An iodid of mercury is formed, which is highly irritating.

In operations for suture of a tractured patella it is very important to sew the torn uateral ligaments of the joint.

That a bone appears normal by flouroscopic examination does not gainsay the presence of a fracture. A fracture of the radius, for exampie, may occur without displacement of the fragments. An x-ray plate will demonstrate the line of fracture, when the flouroscope fails to.

Nitrate of silver may be attached in full strength to the end of a probe, as for application in the middle ear, by heating the tip of the instrument and pressing it into the stick of caustic; a little of the latter will melt and form a bead on the probe when it cools.

If a patient gives a history of "sprained wrist" that has remained feeble and painful in spite of appropriate treatment for sufficient time, and if the wrist presents thickening and tenderness at its radial aspect, a diagnosis of fracture of the scaphoid should be entertained. Colles' fracture must be excluded, by the relation of the two styloid processes and the location of the deformity. Fractures of the radius and scaphoid may, however, coexist.

The admixture of adrenalin to cocain solution counteracts much of the depressant effect of the anesthetic and enhances the local vaso-constriction. When the mixture is used on the surface of a mucous membrane, however, as in excising an ulcer in the mouth, one must be prepared for a marked reactionary bleeding.

—*American Journal of Surgery.*

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which goes to form the treatment of the secondary anæmias is iron; the other constituents of the arch comprise such remedies as aid digestion and improve nutrition.

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SELECTIONS FROM OUR EXCHANGES.

Proprietaries, Physicians and Proprieties.

In an interesting paper with this significant title, Dr. F. M. Corwin handles a much-discussed topic very cleverly and injects a vein of reason and common sense into a subject that has been misunderstood by the average reader. We are willing to concede that the work undertaken by the Council on Pharmacy and Chemistry of the American Medical Association is a most worthy and laudable mission, and one that will eventually revoluntionize the methods of many of those who cater to the medical profession. There is danger, however, of going to extremes in a crusade of this character, and we hope to see a spirit of conservatism in control of the council before the danger line is reached.

A sense of justice, as well as appreciation of the efforts of the honest and painstaking pharmaceutical chemist demand that his secret, if one there be, of compounding his palatable, effective, and stable prejaration, be protected, as a safeguard against substitution—that pernicious practice which does more harm than all the other devils combined and against which every doctor would fain be protected. Dr. Corwin deprecates the practice of constantly prescribing nostrums, and believes one should use discrimination in choosing remedies, in order to avoid the humbugs and fakes. He is convinced that there are many meritorious and worthy preparations among the proprietaries, articles which no wide-awake, up-to-date physician can afford to be without, but for every one of these meritorious preparations there are a dozen or more which have no valid claim for consideration. Physicians should familiarize themselves with the Pharmacopeia, he says, but should not adhere to it literally, because to do so would be to block the wheels of progress. The Pharmacopeia is supposed to reflect the needs of the medical profession. Corwin suggests in this connection that if the profession took more interest in the Pharmacopeia it might be made more comprehensive, and hence, perhaps, more useful. He places the blame for much of the facility with which physicians are led into the use of nostrums on a deficient education, lack of knowledge of materia medica and pharmacology. He suggests that every physician familiarize himself thoroughly with the properties of thirty or forty useful drugs, and their most palatable and convenient preparations, and that he avail himself of the knowledge possessed by some up-to-date pharmacist. Physicians should ignore altogether the preparations of secret compositions and the alleged synthetics put out by some unknown house, which exists solely for the purpose of making and selling a few specialties. These articles of secret composition are no more worthy of confidence and patronage than are the so-called "patent medicines" which are advertised to the laity as cures for every known ailment. He also urges shunning all proprietaries which, while perhaps in themselves unobjectionable, have been exploited or marketed in such a way as to become well-known to the general public and to be found in the department stores. The surface of the earth has now been raked over so carefully by the searchers for the useful that it is safe to assume that about all the plants and trees

and minerals of any known or supposed therapeutic value have been brought to the pharmacologic laboratory and made to yield up their active principles for medical use, so that the profession may well look with suspicion on any alleged preparation of a hitherto unknown plant. With synthetics the case is different.

We are in hearty accord with Dr. C. H. Hughes, when he attributes to the average doctor the ability to discriminate for himself. He says:

"In the use of the aids to o ur therapeutics, a wise discrimination in the selection of the proprietaries, rather than an indiscriminate and wholesale condemnation is called for in the present day therapeutic side of the practice of medicine. The essentian thing to a wise and proper therapeutics is to know the exact proportion of and dosage of ingriedients. Knowing this, the average physician ought to know when and how to use proprietaries with therapeutic proprietary and clinical correctness, without the commercially inspired suggestions and instructions as to therapeutic indications so voluminously, enthusiastically and often incautiously given, in some instances, by proprietary promoters."

Dr. Kenneth W. Millican, editor of the Weekly Medical Review, has contributed a series of articles on "Commercialism, Professionalism, and Their Relation to Proprietary Medicine," which cover a wide scope, and constitute a masterly analysis of these various questions—the best solutions we have yet seen. Dr. Millican has issued a pamphlet containing these editorials, which we advise our readers to procure and read.

Regarding self-medication and counter-prescribing, Dr. Hopkins has sounded the keynote when he asks the question: "By what right does the druggist prescribe even for the commonest of bodily ills? The druggist may know drugs, but he cannot know patients! Yet the corner drug store will prescribe for more patients in a day than will the average qualified physician."

Referring to the crusade against acetanilid as a poison, Dr. Hopkins tritely remarks:

"Much has been said pro and con of the coal-tar deriavitives and compounds containing acetanilid. It is not our purpose to enter into the controversy deeply. We believe, as we have stated above, that a good and useful agent is being caluminated while the real evil is overlooked. Acetanilid is not a poison in the ordinary acceptance of that term; few doctors believe that it is. It is a good and useful friend which will serve well if intelligently employed, but it is not intended to be eaten by the teaspoonful or taken in the presence of cardiac disease. These products were never built for the use of any but a learned profession, and this brings us back to censure of the system of self-medication and prescribing by the incompetent. We do not believe that acetanilid can be so combined as to be a safe household remedy.' The exploition of any compound containing it to this end may well be looked on with serious apprehension. It may be that no harm will result for a long time, but the chance is there, and it is an evil chance.

"Let us hope that the day may soon come when physician, manufacturer and druggist will combine to have the practice of medicine conducted in safe,

scientific and legitimate channels, and it is no selfish belief that the best interests of all three, and that of the patient as well, will be promoted by the new regime."—*Editorial in Medical Herald, St. Joseph, Mo.*

The Over Supply of Doctors.

There is but one way to meet the condition which prevails all over the civilized world, of an over supply of doctors. That is, to raise the educational standard. Wherever medical men are gathered together—whether in state or district society meetings, or elsewhere, the subject is almost sure to come up for discussion. One cannot take up a medical journal but there is reference to the overcrowding of the profession. In France and England—in fact in every European country—the same discussion is going on. The Association of French Physicians have just issued a circular in which they claim that "the overcrowding of the medical profession in France has today obtained the extreme limit of endurance. The consequence is that we and our families are every day experiencing greater financial distress. And yet a crowd of thoughtless youths continue to enter upon the study of medicine, and the number of medical students is manifestly greater than could possibly be demanded in the future."

This sounds very much like the story we hear elsewhere than in France. While the tendency for the old established practitioner is to give a hand of welcome to the young physician, and to encourage him all he can, yet the feeling prevails that the profession is being overweighted with numbers. Yet this is a free country. Every young man that wants to become a doctor has a right to be come one. No trades union of the profession can restrict the number, as is done in the plumbing, bricklaying and other trades. And yet the scheme of restriction works even too well in those trades, much to the discomfiture of the person who has bricks to be laid or plumbing to be done.

The medical schools cannot be expected to work in the direction of restricting the number of students. It must come from the examining boards of the different states. These boards however, are influenced by tendencies more or less political, as they are appointed by the governors of their respective states, and the appointing power has, as a rule, very little information as to whether there are too many medical men in the country or not. The entire question of the raising of the standard of the profession, first as to general education, and next as to special education, lies with the legislatures and governors. It is certainly a very round-about method of securing the desired end. But it cannot be neglected any more on that account. The physician who is well established, and in the enjoyment of a good practice is not as keenly aware of the pressing need for action as practitioners who are differently placed. The medical men who are alive to the importance of this question, should take up the matter in their societies, and formulate plans to effect a gradual tightening of the lines in every state.—*Medical Sentinel.*

The medical faculty of the Paris University has planned an international technological encyclopedia, to be issued in ten languages, including "Esperanto," the new world language, which is supposed to have supplanted Volapuk.

The Action of Calomel.

If the Southern practician were forced to narrow his armamentarium to two drugs, he would most likely retain calomel and quinine. Were his restrictions carried to one drug, it is probable that he would keep calomel.

And there is good reason for all this. Experience is the greatest teacher, and experience has endeared calomel to the practitioner in hot countries especially. Nevertheless, the drug is capable of abuse, and has certain resident possibilities, more or less remote, of danger that it behooves us to bear in mind.

We know of a recent acute mercurial poisoning in the practice of a friend, resulting from a single dose of 10 grains each of calomel and sodium, in a patient who had many times before taken the same dose with no such effect. After a desperately acute illness the patient recovered with resulting deafness and nephritis.

How shall we account for such a case? Had a considerable amount of calomel been converted into the bichloride by the ingestion of common salt after it, or was there a hypersecretion of hydrochloric acid sufficient to convert? It will be remembered that certain of the French teach that calomel is active because of its partial conversion into the bichloride by the hydrochloric acid of the gastric juice, and that it circulates with the sodium chloride of the blood as a double chloride of sodium and mercury. But this is denied by careful investigators who urge that the feeble acidity of the gastric juice (0.2 per cent.), and the temperature to which the calomel is exposed, are not favorable to such conversion. Rutherford and Vignol, after exposing 5 grains of calomel to a temperature of 100 degrees F. for 17 hours in normal gastric juice, found only 1-35 grain of bichloride; and that any conversion whatever occurs is denied by others.

H. C. Wood believes that calomel escapes into the intestine and there is decomposed into the grey oxide of mercury; this precipitate is held in solution by fatty materials, which, when mixed with alkaline liquids, forms soaps. Sodium bicarbonate increases the action of calomel by increasing alkalinity and promoting the absorption of the grey oxide in suspension.

Repeated experimentation has failed to show that calomel directly increases the biliary flow. The bichloride, however, has this effect. This again suggests partial conversion of the calomel into the bichloride. Hare inclines to the belief that the increased biliary flow insisted upon by clinicians is due to the slight conversion into the bichloride, while the purgative action is due to the unconverted mass of the calomel, for in dogs purgation has been produced by calomel without increased bile flow.

Dr. Robert N. Willson, of Philadelphia, in the Jour., A. M. A., May 19, 1906, in an article entitled "Mercurial Nephritis with Uræmia," reports a death from 84 successive grains of calomel given over a period of 14 days, and in a short review of the literature he reports other fatal cases from smaller doses, such as 15 grains in 2 cases, and in a child, 8 grains. Willson cautions against the indiscriminate use of calomel in single large doses, or in small doses over a period, when an examination of the urine has not been made to establish the possible

presence of a nephritis. He also protests against mercury salts in syphilitic nephritis; for from being benefited by the mercury such kidneys show grave irritation he states.

It must be borne in mind also, as H. C. Wood has stressed, that the insoluble salts of mercury, notably calomel, produce salivation the more quickly. Hence, the physician should carefully investigate the condition of the gums and teeth of patients to whom mercurials are to be given, and if treatment is to be continued, the dentist should put the mouth in condition.

In single dose calomel is readily eliminated, the elimination beginning in about two hours, and being completed in 24 hours. If, however, the doses are repeated it gradually accumulates, is slowly eliminated and is found deposited in all internal organs. Balzer and Klumpke agree as to the rapidity of elimination of the single dose, but find from an experimental study that the amount of mercury that can be eliminated by the kidneys for many weeks after saturation is effected is very small, being 1-16 grain a day. Hence the advisability of lessening dosage when effect is secured, and of giving iodide of potassium to assist elimination.—*Georgia Practician.*

External Applications in Internal Diseases.

Every now and then some scientist ridicules the therapeutic value of external applications to the chest in diseases of the bronchial tubes or lungs, or of applications to the abdomen in intestinal peritoneal inflammations, but little good it does; the embrocations, emollients and cataplasms are as popular as ever. What if their use is entirely empirical? So much worse for experimental medicine, in that it has not determined their exact mode of action. Who has not observed a persistent cough relieved by the application of some oil to the chest? How many patients have expressed their gratitude for a poultice to the chest?

These applications do good, and the only question is what to use. Here science has not yet served us, although empirical pharmacy has made strenuous efforts to supply the want. The pharmacopeia furnishes quite a number of plasters and liniments which are used with success externally. We know of a number of patients who have been grateful for a prescription of chloroform liniment.

The old-fashioned poultice has given way to the aseptic cataplasm and the new Pharmacopeia has made one official—Cataplasm Kaolini. It is very questionable that this poultice can be well prepared by the ordinary druggist and the forms prepared by the pharmaceutical manufacturers (as Antiphlogistine) will necessarily remain most popular.

Whether an emollient or poultice is preferable in certain diseases is as yet unsettled; that depends on the conditions present.—*Editorial in St. Louis Courier of Medicine.*

After all, the localization of bone tenderness is not only the most useful sign in determining the site of a fracture, but, even in the absence of other signs, it is often, in itself, diagnostic of the presence of a fracture. As instances, may be cited greenstick fracture of the clavicle, and fracture of the metacarpal and metatarsal bones.—*American Journal of Surgery.*

Taylor, Mervyn Ross, Philadelphia.

Management of Tuberculosis Patients.

(The Therapeutic Gazette.)

The following modification of the rules of the Flick Institute have been prepared for the guide of tuberculosis patients:

1. Don't spit on the pavement, on the street, nor into any place where you cannot destroy the germs which you spit up.

2. Do not swallow any spit which comes up from your lungs or which comes out of the back part of your throat, as it exposes you to complications.

3. Spit into spit cup when it is possible to do so.

4. Always use a spit cup with a handle to it, so that you can hold it close to your mouth.

5. When you use a china or earthenware spit cup, always keep chlorinated lime and water in it, and scald out the spit-cup once or twice a day with boiling water.

6. When you use a tin spit cup with a paper spit cup inside, burn the paper cup at least once a day and scald the tin cup with boiling water.

7. Never use a handkerchief or a rag or any material other than paper to spit in or to wipe your mouth with unless it can be immediately burned after using.

8. When you cannot spit into a spit cup, spit into a paper napkin.

9. Always use a paper napkin to wipe your mouth with, after spitting, and be careful not to soil your hands.

10. Always carry a cheap paper bag in your pocket to put paper napkins in which you have used.

11. When you have used a paper napkin, either to spit in or to wipe your mouth with, fold it up carefully and put it away in a paper bag.

12. Every evening, before going to bed, burn your paper bag together with the napkins which you have deposited in it.

13. Do not let any spit get on you clothing, or your lips and hands, or your bed-clothes or carpets or furniture, or on anything about you, wherever you may be

14. If, by any accident, any spit should be deposited anywhere else than in your spit cup or in your paper napkin, take pains at once to destroy it, either by taking it up and putting it in the fire or by putting chlorinated lime and water on it.

15. If you have a mustache or beard, shave it off or crop it close.

16. Always wash your lips and hands before eating or drinking, and rinse out your mouth.

17. If you have a running sore, take up the matter which is given off with absorbent cotton and burn it.

18. Don't blow your breath on to hot milk or any other food substance in order to cool it before giving it to others to take.

19. Avoid handshaking and kissing. These customs are dangerous to you as well as to others. They may give others consumption; they may bring you colds and influenzas which will greatly aggravate your disease and may prevent your recovery.

20. Do not cough if you can help it. You can control your cough to a great extent by will power. When you cough severely hold a paper napkin to your mouth so as to not to throw out spit while coughing.

21. Sit out of doors all you can. If you have no other place to sit than the-

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pavement, sit on the pavement in front of your house.

22. Don't take any exercise except upon the advice of your doctor.

23. Always sleep with your windows open, no difference what the weather may be.

24. Avoid fatigue. One single fatigue may change the course of your disease from a favorable one to an unfavorable one.

25. Go to bed early. If you are working, lie down when you have a few minutes to spare.

26. Don't take any medicine unless it has been prescribed by your physician. Medicine may do you harm as well as good.

27. Don't use alcohol stimulants of any kind.

28. Don't eat pastries or dainties. They do not nourish you and may upset your stomach.

29. Take your milk and raw eggs whether you like it or not.

30. Keep up your courage. Make a brave fight for your life. Do what you are told to do as though your recovery depended upon the carrying out of every little detail.

31. Always keep in mind that consumption can be cured in many cases and that it can be prevented in all cases.

32. If your own disease is too far advanced for you to recover, console yourself with the idea that you can keep those who are near and dear to you from getting it.

Patients are earnestly requested to read these over at least once a week,

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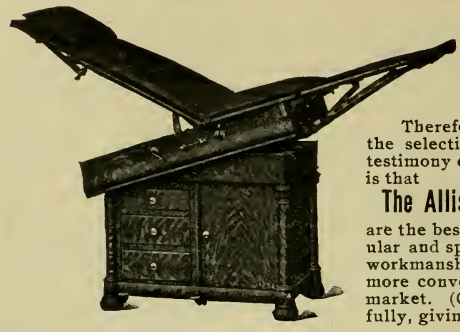

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adhere to them, and tack them up in a conspicious place in their bedrooms.—*The Louisville Journal of Medicine and Surgery.*

Castration Instead of Lynching.

The epidemic of criminal assault and lynching which for the last few months has been so evident throughout the South, and especially in the vicinity of Atlanta, forces one to the conclusion that the proper remedy is not being utilized in punishing this revolting offense. Instead of having a deterrent effect, it only seems to make matters worse. Many of the offenders go to their death in such a manner as to give the impression to certain of the negroes that they are not criminals but martyrs to race preindice. Other vicious assaults frequently follow within a few days or a week after a lynching. No matter by what psychological process these are incited, one thing seems certain that they aggravate the danger rather than increase the safety of our wives, mothers and sisters.

In some instances the crime is committed with such brutality that nothing short of immediate death seems sufficient punishment. If, however, by a lynching we increase the danger of other women, should we not hesitate and devise, if possible, a remedy which, instead of making a temporary hero of the negro, will make him a living example of the punishment to be meted out to all who thus attempt to gratify their bestial lust?

So intense is the animal passion of the negro that to be deprived of his sexual power would of necessity make him an object of ridicule and contempt among them.

In animal l ife we see clearly in the tractable gelding, the castrated mule,

the ox, the capon, and in fact, in all animals and fowls, the effect of castration. In man, except in very rare instances, sexual power is lost by the removal of the testicles, and along with it he becomes docile, quiet and inoffensive. After castration his disgrace would be lasting in its moral effect.

To persuade an incensed mob that such punishment is preferable to lynching would be difficult until they could be shown the effect of emasculation, and that the negro would rather be hanged than to be deprived of sexual power so dear to him.

The kluklux klan, recently agitated, could be very useful in taking charge of these affairs in a regular way, and in assuring the frienzied friends that a punishment worse than death will be inflicted. The identity of the criminal could be ascertained by an orderly trial by the klan, and in this manner avoid punishing an innocent negro, as is often done in lynchings. The trial could be made more or less mysterious and impressive, for the negro stands in great awe of mysteries. This was clearly shown in Atlanta last winter by the belief among the negroes that there was a black wagon driven thro' the streets at night to capture subjects for the dissecting-rooms of the medical colleges. Absurd as is the idea, it made a profound impression upon the negroes and even those more or less intelligent were afraid to venture out on the darker streets at night.

An impressive trial by a ghost-like kluklux klan and a "ghost" physician or surgeon to perform the operation would make of it an event the "patient" would never forget, nor cease to talk about and enlarge upon. This would do away with the martyrdom effect of lynching as well as the demoralizing results of mob law. The badge of disgrace and emasculation might be branded upon the face or forehead, as a warning, in the form of an "R," emblematic of the crime for which this punishment was and will be inflicted.

As long as many of the negroes believe, regardless of the revolting character of the crime, that lynchings are the result of race prejudice, this mode of punishment will only incense them and aggravate the condition. Certain of them think their cause will be strengthened by these (according to them) martyrs just as the Christian church spread more rapidly after the persecution by Nero.

Castration in no particular could be worse.—*The Atlanta Journal-Record of Medicine.*

The Family Physician.

General practitioners are the vertebrae of the medical profession, and the specialized members rotate around them. The busy family doctor executes a trust second to none other. He is a friend and counselor much more than a prescriber of drugs. He comes to regard those whom he has long treated, not merely as interesting cases, but as fellow mortals in whom he takes a real and humane, though not gushing, interest.

The family physician should regulate his practice strictly according to the Golden Rule. This does not mean at all that he is to be an "easy mark" or a benevolent pauper. Acting according to this rule, he will neither neglect his patients or run up unnecessary charges. It is nearly impossible for one to be both a good internist and a skilled surgeon; hence the family physician, when is it feasible, will usually do the right thing by referring errors of refraction

to the ophthalmologist and by leaving fractures and dislocations and major operations to his confreres who specialize in surgery.

Contract practice, however alluring to the young doctor, is detrimental to all the higher ideals of the profession. It is in fact a sort of slavery. The members of the lodge or union who hire a physician by the month for a mere pittance, cheapen his services while trying to raise their own wages. If they pay him 40 or 50 cents per head monthly they count him as being really not worth 30 cents. It is true that some good men have got into the rut of contract practice, but the family physician will do well to steer clear of it.

Much the same can be said of hospital attendance, as far as the family physician is concerned. The rush and hurry of such work excludes the possibility of that careful study of the individual upon which accurate diagnosis and successful treatment rest. As for any gratitude to be expected from ward patients, 'tis like casting pearls before swine.

The man should always be greater than his work. The family physician having a good, rather than a large practice, finds time to read and think, and so escape automatism. It is well for him if he have some harmless fad, such as authorship, automobiling or amateur photography—planting trees, like Dr. Howkins; collecting works of art, like Dr. Elsner; or reading Dante in the original, like Dr. Rothwell. Above all, he needs to have a strong reserve of kindly hope and good cheer with which to inspire his patients.—*Denver Medical Times.*

The Stomach.

The stomach is the source of a very large share of our annual enjoyment, if treated properly; but if allowed to fall into disease, life is rendered miserable, in spite of fall the advantages that wealth or station can bestow. Eating largely and late is the most common cause of the long catalog of neuralgias and dyspepsias which everywhere prevail, more or less, and are inceasing in frequency.

As the day closes we all become weary and the body yearns for the repose and rest which only the quiet chamber can fully give. The whole system is weak—feet, fingers, arms, everything There is not a muscle in the body which does not participate in that tiredness. The stomach is a collection of muscles, and these are called to work at each meal; and to dispose of that meal is a work of four or five hours. The more that is eaten the more work has to be performed. Any one can see, then, the striking absurdity of giving an already weak stomach four or five hours' work to do at the close of the day—of giving rest to the body by sleep, and yet keeping the stomach hard at work until nearly daylight. Its repose then is the repose of exhaustion, and it does not wake up for breakfast, any more than the body would if kept out of bed long past midnight. Not being waked up, it does not call for food and there is no appetite (no "seeking," as the word literally means), for food.

But another result follows from a hearty supper, or a very late dinner; the digestion of the food requires a large amount of nervous power, leaving the other parts of the system to the same extent deficient of their natural supply, the brain in common with the others: hence, no one can sleep sound-

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More than this, if a large meal be taken at the close of the day, when the body is weary, tired out, the stomach not only requires an extra amount of nervous power which must be supplied at the expense of the other parts of the system, but it requires, also, an extra supply of heat, which must be supplied in the same way, and the stomach will have it, whatever mischief may result to the other parts of the body, leaving the body chilly; which, in its severest forms, is called in the South a congestive chill, where the engorgment of blood is so great as to oppress the powers of life, and a stupor pervades the whole frame, out of which it never fully wakes again, except, perhaps, for a single gleam at a time of partial consciousness.

A thousand times better would it be for this whole land if not an atom of food was ever allowed to pass adult lips at a later hour than six o'clock in the evening. Such a practice, habitually and literally adhered to, would

save more lives every year than are destroyed by steam and sea and all wars together.—*Medico - Chirurgical Journal.*

While whiling away an idle moment in the daily review of "Men and Thoughts" we see that Grover Cleveland, while a guest of physicians at Albany, has rapped the "medical trust of mystery." Practically Grover means that there is too much technical science in the air, and little sympathy on the part of the practitioner for his victim in the sick-room. We hope and trust that there were men enough at the banquet table to disillusion the distinguished statesman from his prejudices. Such speeches and articles simply make us tired. Men like Grover Cleveland are not apt to come in contact with the "people's doctors." They see only the "bulletin-signers," who are called in consultation to stop, as our distinguished teacher and friend Blackmer says in his articles, the last illness of some well-known personality. We know whereof we speak when we say that real sentiment, real love and affection are not found in the homes of millionaries. Sentimentality is not considered in good taste or tone. The workmen may love and be affectionate; in the drawing-room they wear full dress, shake hands like marionettes and discuss their coming divorces as if it were a question of what theater performance to attend next. And the doctors who attend these people perforce must be kept up a terribly dignified exterior and appear in the toga of some ancient mystic to command some degree of attention, otherwise they run the risk of being "hired" much in the same manner that artists are hired to amuse them at a soiree. What does Cleveland know of the interest of the doctor who has his very heart and soul set on saving a case? What does he know of the many anxious hours spent by the conscientious physician behind the microscope to -study -the sputum or urine of one of his "clients?" Does he know that that man who places the oil immersion lens in focus is not actuated by the same motives which compel the botanist to spend hours studying the structure of some rare plant? Oh, no, in that microscope the searcher looks for the truth which will either seal the patient's fate or hold out a ray of hope. And what about the thousands of practitioners who work and toil with hands and appliances with the poor unfortunate who can not even begin to compensate them for their daily labors? The time when the physician could listen to the patient's tales of woe and hand out a lotion, a slave or a concoction has gone. To-day practice means hard work; hard, yes, mentally and physically. So much for the old sage wha has to learn a thing or two about some things.—*The Journal of Physical Therapy.*

The best way to overcome chilly sensations of the spine and back on the least change of temperature is to put your back up, so to speak; to contract the muscles of the back. If you are getting chilly about the back of the neck, stiffen the neck and set the muscles to work. When you are sitting still and find yourself getting chilly, set the muscles to work, and you will soon get over it. If you do not start your muscles going, you will soon find them going of their own accord. You will begin to shiver—an involuntary action of the muscles. If you will set your muscles at work before that shiv-

ering comes, you will be able to prevent it. Contract your hands, your legs, the muscles of your back, raise up your chest, stiffen your neck, then turn it vigorously, slowly, from side to side, or bend it backward and forward. This will keep you from taking cold. One never need take cold when sitting still. You can make your muscles work just as hard when sitting down as when walking around, and it may be more convenient.—*Good Health.*

The Sociologic Importance of Oophoritis Complicating Mumps.

A. Troitsky (Archives of Pediatrics, August, 1906) reports his observations in an epidemic of mumps which had occurred in a girl's boarding-school. Thirty-three cases were observed, of which thirteen had inflammation of one or both ovaries. Of these thirteen girls, eight had begun to menstruate, while five had not as yet sufficiently developed to perform this function. Bilateral mumps gave rise to bilateral oophoritis, while unilateral mumps was followed by the involvment of only one ovary. Troitsky considers oophoritis due to mumps or to other infectious diseases as a serious complication, during which the patient should be kept in bed with local applications and other derivative treatment. He cites the observations of a number of writers who have found atrophy of the ovaries as the result of these inflammations, and who have shown the parenchymatous or even interstitial processes that go on in these organs in consequence of the infection, and considerable portions or the entire organ may be destroyed thereby. Mumps and its accompanying oophoritis thus acquire a sociological importance quite in contrast with the innocent character usually attributed to the disease.

Does the Drinking of Water Give Typhoid Fever.

R. G. Eccles (Medical Record, Aug. 11, 1906) declares that there is no reasonable room to doubt that the development of typhoid fever is connected with the use of infected water; but that typhoid fever results from the drinking of infected water is quite a different proposition. He then emphasizes the important part which flies play in carrying disease germs to food. These insects go through human excreta, garbage, slops, sputa, and decomposing matter one minute, and then wade over our food the next. It is easy to see how food may multiply disease germs to the danger-point, but it is not evident how any person could take the disease from water that thousands are drinking without the slightest injury. Typhoid germs injure by their toxin. When these germs get into food there is practically no limit to the poison that they are able to produce if the conditions are favorable. The writer then goes into various phases of this question. He considers water, dust, and fomities as mere seed sowers. Food is the disease breeder. In the late war the Japanese lost only one-sixth as many from typhoid fever and dysentery as did the Russians. The writer ascribes this fact to the differences in the character and the method of caring for the food of the two nations.

Acetic acid brused in a line over a plaster-paris bandage will render it soft, and in a few minutes it may be cut with an ordinary knife.

The Sanitation of Barber Shops.

That few infectious diseases are disseminated by barbers can only be ascribed more to good luck than anything else. Barbers are notoriously careless of the first principles of cleanliness in regard to some of their implements. The following rules were recently set down by the health commissioner of Chicago for the government of barber shops in that city: "For each shave—free or not—one towel. All shaving mugs must be antiseptic. Barbers making change and handling money must wash their hands." Barbers often do not use a separate towel for each customer, says the commissioner, though they should do so. The customer cannot always see from his chair what is going on. There is more danger of the spread of disease in this way than any other. Use of one towel for two patrons must be prevented. These simple rules ought to be generally adopted and enforced—*Medical Age.*

Dogmatic Statements.

Dogmatic statements based on insufficient clinical or experimental evidence will be found everywhere in the teachings of practical medicine. We have in mind especially the dietary directions often given in eczema. There is no proof that the ingestion of fruit, sugar or fats is etiologically related to this skin disease. Then, again, the stereotyped directions to the nursing mother as to her diet is oftimes almost ludicrous. What proof exists that vinegar, fruit acids or species harm the milk in any way? The nursing mother should eat that to which she is accustomed and what she likes unless more evidence than science has accumulated at present can be gathered to reject certain wholesome articles of food. We have seen wet nurses who demanded all their food highly seasoned, who liked salads and pickles and yet had an abundance of wholesome milk for the baby. Do not be iron-clad in your rules.—*St. Louis Courier of Medicine.*

Gastric Digestion.

Some very interesting observations by Friedenwald (American Medicine, August, 1906) go far to prove that a person in health with a strong digestion is not disturbed by rest or exercise as far as the digestive function is concerned. He gives the following practical rules:

"1. In a person with normal digestive powers it makes but little difference whether the individuals rest, exercise or sleep after meals; though after violent exercise or sleep the gastric digestion is slightly impaired.

"2. In patients suffering with superacidity and subacidity it is best to order rest after meals; after violent exercise or during sleep the digestion is impaired in these cases.

"3. In patients suffering with motor disturbances of the stomach it is best to prescribe moderate exercise after meals, for rest, violent exercise or sleep disturbs the digestion under these conditions."—*Courier of Medicine.*

Internal Effects of Burns.

That the internal effects of burns are due to a toxin absorbed from the site of the injury, is a proposition just made by Herman Pfeiffer, in Virchow's Archiv., Vol. 180, No. 1. Pfeiffer experimented upon animals. When the urine became hemorrhagic or albuminous he injected this with the result of produc-

ing extensive areas of ulceration and necrosis. The increase in the toxicity of the body fluids increased for about fifty-six hours subsequent to the production of a burn, and then began to decrease. We have not previously had any very definite clew to the cause for the dangerous complications involving the kidneys, spleen, bowel, and lymphatic vessels after burns, but Pfeiffer's experiments seem to show that the destructive influence of the burn results in the formation of a poison, allied in some ways to snake venom, and that the elimination of this poison by the emunctories leads to violent inflammation of organs involved in the excretion.—*The Post-Graduate, Aug.*, 1906.

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What Constitutes Pneumonia.

Andrew H. Smith (Medical Record) contends that a single pneumococcus lodged in an air-cell and causing there its specific irritation and consequent exudation, presents all the essentials of the disease. He declares that it matters not if 10 minutes later the organism is dislodged and swept away by the exudate, the patient even then has had a pneumonia, if only a monococcal one. If later the bronchiole terminating in the lobule invaded becomes blocked, and the further spread of the infection is prevented, the patient may escape with a unilobular pneumonia, but it will be pneumonia, nevertheless. Smith believes that such abortive attacks are very common.

Soul Toxins.

There's only one person injured by an enemy and that is the enemy. Tendencies grow on one, and the more we open our hearts to hatred of our neighbors, the more hateful we will become. Hate, envy, suspicion, these are the toxins that poison the soul.

Eliminate them, Doctor. Do not leave a particle to remain in your being, to pervade it with atrabile. It is easy enough to do. Look on the good side of the other fellow; put yourself in his place and see if you would not have done about what he did under the same circumstances. That cuts out any chance you might have for criticising him. If he has treated you meanly, you must have had a chance to benefit him which you neglected—and that's an injury in itself—so, you began it.

Wonderful, how soon the dull old world begins to brighten up when one adopts this philosophy. Try it.—*Amer. Jour. Clin. Med., Sept.*, 1906.

The German Practitioners' Association held its annual meeting this year at Halle, Professor Loebker, of Bochum, being in the chair.

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In an action at law recently brought by Messrs. Sander & Sons, Bendigo, Australia, at the Supreme Court of Victoria, and tried before His Honor the Chief Justice Sir J. Madden, K. C. M. G., L.L. D., against a party who tried to foist a eucalyptus preparation upon the market in a similar package to that in which the genuine "Sander & Sons' Eucalyptol" is contained, thus practising the grossest form of substitution, it was shown that his imitation was a crude, unrefined eucalyptus oil, containing all irritating substances and possessing no antiseptic power whatsoever.

His Honor the Chief Justice of Victoria said with regard to the genuine "Sander & Sons Eucalyptol" that whenever an article is recommended by reason of its good quality, etc., it is not permissible to imitate any of its features, and he granted a perpetual injunction preventing the defendant party from so doing.

There are many degrees between an absolutely inert and injurious article, and one which was proved by expert witnesses at this Tribunal of Justice to be absolutely pure and scientifically standardized, viz: the genuine "Sander & Sons Eucalyptol." But mediocrity has no place in medicine and only the best and most reliable article will make and maintain the doctor's reputation.

Thus the necessity for observing strictest adherence to most scrupulous discrimination in securing an approved product is once more convincingly substantiated by the foregoing and furthermore strengthened by a report which Dr. Owen made some time ago to the Medical Society of Victoria. The doctor states "that a child living at Fitzroy, a suburb of Melbourne, became most seriously indisposed through the use of eucalypt." The number of inert and even injurious products of eucalyptus has, since this report is made, rather increased than otherwise, and so we find precaution now even more indicated than ever before. Therefore, please specify "Sander & Sons Eucalyptol" when prescribing.

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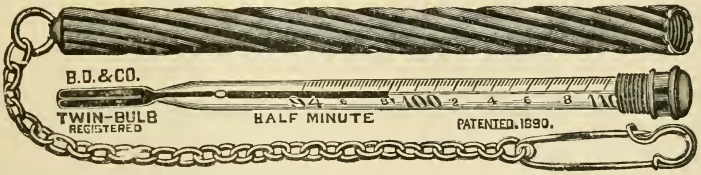

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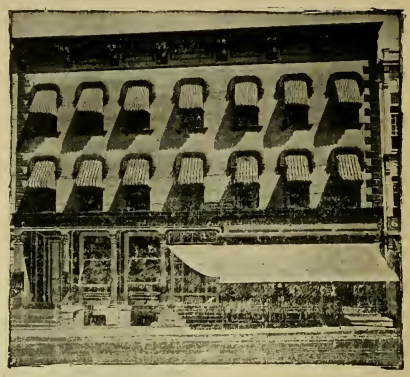

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12. Mosquitoes are a needless and dangerous pest. Their propagation can be largely prevented by such methods as drainage or filling of wet areas, removal, emptying or screening of water receptacles, spraying standing water with oil where other remedies are impracticable. Attention should be paid to cisterns, house-vases, cesspools, road basins, sewers, watering troughs and gutters, old tin cans, holes in trees, marshes, swamps and puddles. As the malarial mosquitoes may be bred in clear springs, the edges of such places should be kept clean, and they should be stocked with small fish. The breeding and protection of insectiverous birds, such as swallows and martins, should be encouraged. Thorough screenings of houses and cisterns is necessary to prevent the spread of malaria or yellow fever. The continued breeding of any kind of mosquitoes with the attendant menace to public health and to the life and comfort of man and beast is therefore the result of ignorance or neglect

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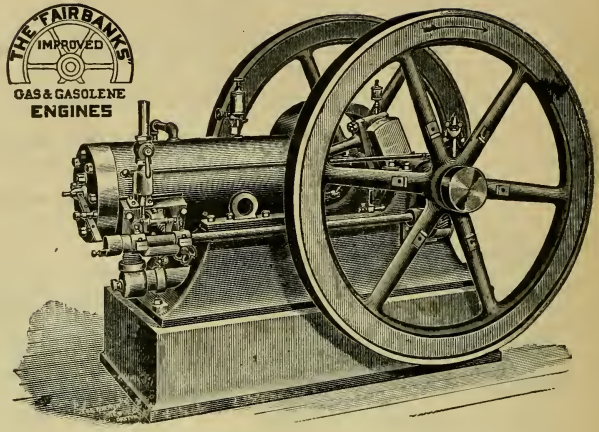

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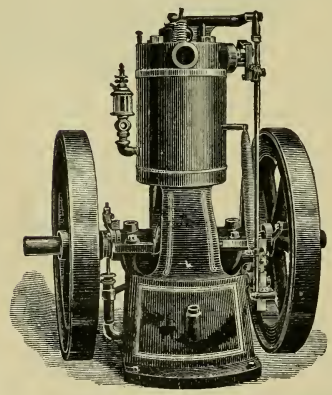

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In mastitis, morphia and belladonna may be used for pain. The local application of belladonna will often subdue inflammation and check secretion. I have frequently used a combination of camphor, menthol, belladonna and vaseline. The internal use of calcium sulphide is advantageous. Other local remedies are Iodine, stramonium, tobacco leaves and ichthyol. Antiphlogistine if used early very frequently gives good results. In many cases it is necessary to support the breast by adhesive straps or bandages.—*Central States Medical Monitor.*

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Bronchiectasis is not seldom complicated by brain abscess.—*American Journal of Surgery.*

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Mosquito Brief.

The American Mosquito Extermination Society has issued the following brief for the information of the public, and as a stimulus, for everybody who believes the mosquito to be a menace to health and life, or a nuisance and annoyance to everybody, to join the ranks of those who are favorable to, and willing to aid in the extermination of this intolerable pest:

1. There are over one hundred species of mospuitoes in the United States.

2. Mosquitoes breed only in water They may breed in any kind of quiet water unstocked with destroying fish.

3. Mosquitoes generally require from one to three weeks to develop from eggs to winged insects in warm weather, longer in cold weather. Some female mosquitoes three days old lay eggs, the average is greater. Some species lay as many as three or four hundred eggs at once, some lay them singly. Mosquitoes may live several months (as shown by hibernation and otherwise), but probably few live over a month.

4. Mosquitoes do not breed in grass, but rank growths of weeds or grass may conceal small breeding puddles, and form a favorite harboring place for adults. The pitcher plant holds sufficient water to breed a rare and small species.

5. Different species of mosquitoes have as well defined habits as different kinds of birds, flies, etc. Some are domestic, some wild, some migratory.

6. Most domestic mosquitoes breed in fresh water, fly short distances and habitually enter houses.

7. Most migratory mocquitoes breed in salt and brackish marsh areas, fly long distances. They are not conveyors of malaria.

8. Rigid tests, both direct and eliminative, have proved that certain species of mosquitoes are the only known means of transmitting malaria and yellow fever. Some other diseases are known to be conveyed by mosquitoes.

9. Of the domestic varieties, the dangerous malarial mosquitoes (several species of the genus Anopheles), are among the most generally disturbed. They seem never to travel far, only a few hundred yards.

10. A most common and dangerous domestic mosquito in the South and the tropics is Stegamyia fasciata, which is the natural conveyor of yellow fever.

11. Mosquitoes are known to bite more than once, as can be seen by observation and is proved by the trans-

Woman.

Hell is paved with women's tongues.—Abbe Guyon.

I would have a woman as true as death. At the first real lie, that works from the heart, she should be tenderly chloroformed into a better world.—Oliver Wendell Holmes.

I know the ways of women: they won't when thou wilt, and when thou won't they are passionately fond.—Terrence.

Ladies inclined to go fishing for compliments will find them most commonly in shallow water.—Bayard Taylor.

A light wife doth make a heavy husband.—Shakespeare.

A woman who pretends to laugh at love is like a child who sings at night when he is afraid.—Rousseau.

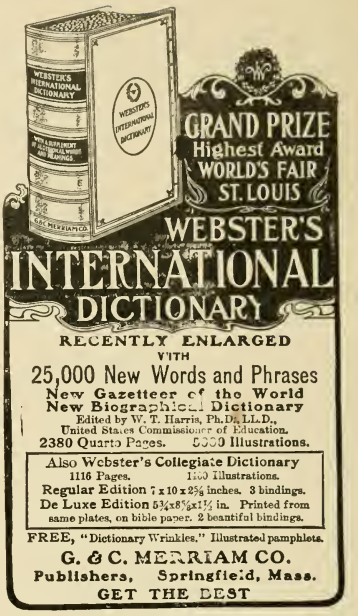
How many women would laugh at the funerals of their husbands if it were not the custom to weep?—Anonymous.

Between a woman's "yes" and "no" I would not venture to stick a pin.—Cervantes.

The women who are rarely deceived are those who are accustomed to deceive.—Aristophanes.

It is rare that, after having given the key to her heart, a woman does not change the lock the day after.—Sainte-Beauve.

For intertrigo dusting powders may be made of acetanilind, bismuth, tannin or boric acid. An ointment consisting of the following may be used: boric acid one dram, ichthyol one-half dram, menthol ten grains and sufficient quantity of white vaseline to make one ounce. The mentholated setarate of zinc may be used in the form of a dry powder.—*Central States Medical Monitor.*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An ointment of beta-naphthol, 10; sulphur, 45; lard, 24; and green soap, enough to make 100 parts, is useful in removing gun-powder not too deeply situated in the skin. It must be employed cautiously, however, to avoid a destructive dermatitis.—*Am. Jour. of Surgery.*

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It Has Gained a Wide Reputation, particularly in the treatment of Chronic Bronchitis, and other affections of the respiratory organs. It has also been employed with much success in various nervous and debilitating diseases.

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Its Action is Prompt; it stimulates the appetite and the digestion, it promotes assimilation, and it enters directly into the circulation with the food products.

The prescribed dose produces a feeling of buoyancy, and removes depression and melancholy; hence the preparation is of great value in the treatment of mental and nervous affections. From the fact, also, that it exerts a tonic influence, and induces a healthy flow of the secretions, its use is indicated in a wide range of diseases.

NOTICE—CAUTION.

The success of Fellows' Syrup of Hypophosphites has tempted certain persons to offer imitations of it for sale. Mr. Fellows, who has examined samples of several of these, **finds that no two of them are identical,** and that all of them differ from the original in composition, in freedom from acid reaction, in susceptibility to the effects of oxygen when exposed to light or heat, **in the property of retaining the strychnine in solution,** and in the medicinal effects.

As these cheap and inefficient substitutes are frequently dispensed instead of the genuine preparations, physicians are earnestly requested, when prescribing the Syrup, to write "Syr. Hypophos. **Fellows.**"

As a further precaution, it is advisable that the Syrup should be ordered in the original bottles; the distinguishing marks which the bottles (and the wrappers surrounding them) bear, can then be examined, and the genuineness—or otherwise—of the contents thereby proved.

This preparation can be procured at all chemists and druggists, everywhere.

Side View showing Sun Parlors. Capacity, Forty Patients.

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BETUL-OL penetrates the skin rapidly, producing anodyne effects and local antiseptic action at the seat of inflammatory rheumatic, gouty, neuralgic or sciatic pain.

BETUL-OL contains no morphine or cocaine; it is soluble in all proportions of ether, alcohol, chloroform or oils, and may be used either pure or in combination as a liniment.

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